

Cornerstone Well Child Form – 5 Years

Name: _____

Date of Birth: _____

Parents, please take a few minutes to answer the following questions ...

Nutrition

Calcium Intake

- Cow's milk _____ Milk Cheese Calcium supplement
 Soy milk Fortified juice Yogurt

Total servings of calcium daily

- None 1 2 3 4 or more

Other Food/Drink

- 3 meals/day Sufficient Fruit Drinks Juice _____ oz/day
 1-2 healthy snacks Sufficient Protein Drinks Soda
 Vegetarian Diet Sufficient Vegetables Too much junk food

Dietary Supplements

- None Yes: _____

Caregiver Concerns

- Nutrition Concerns None Yes: _____
Elimination Concerns None Yes: _____
Sleep Concerns None Yes: _____
Toilet Training Concerns None Yes: _____
Daycare Concerns None Yes: _____

Activity Levels

- Physical Activity _____ Min(s)/day _____ Time(s)/week None
Screen Time _____ Hours/day - TV _____ Hours/day – Computer None

Developmental Milestones

- Listens and attends Clear speech
 Ties knot Draws a person
 Throws, Catches Copies triangle or square
 Hops on 1 foot Print letters or numbers
 Skips, Gallops
 Dresses without help

- Other Development Concerns: None Yes: _____

For Office Use Only

- Weight: _____ Pulse: _____ BP: _____
Length: _____ Temp: _____ Hearing: _____
Vision: Both 20/____ Right 20/____ Left 20/____ Glasses/Contacts