Cornerstone Well Child Form – 7-9 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: ____

Activity Levels

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

School _____ Grade level

☐ Public school ☐ Private school ☐ Home school ☐ Cyber school

Special Education needs: ____

Performance ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Developmental Milestones

☐ Laces, ties shoes	☐ Gets along with family
☐ Healthy meals, snacks	☐ Appropriate behavior at school
☐ Active >1 hour daily	☐ Positive self image
☐ After school activity	☐ Has friends
	☐ Makes decisions

Other Development Concerns: ☐ None ☐ Yes: ______________________________

For Office Use Only

Weight: ____________ Pulse: ___________ BP: ____________

Length: ____________ Temp: ___________ Hearing: _______

Vision: Both 20/_____ Right 20/________ Left 20/________ Glasses/Contacts