

Today's Date: \_\_\_\_\_

Patient  
Name: \_\_\_\_\_

FMP and Sponsor  
SSN last four: \_\_\_\_\_

Contact Number:  
Date of Birth: \_\_\_\_\_

## 3 YEAR WELL CHECK

Do you have any specific concerns today? \_\_\_\_\_

*(Please complete information below: If filled out before, list only changes since the last visit.)*

Chronic Medical Conditions	Surgeries/Hospitalizations (Dates)	Family History (biological siblings, parents, grandparents)	Medications (PLEASE INCLUDE DOSAGE)
		Allergies Asthma Other:	<u>(Include over-the-counter meds, Tylenol, Motrin, vitamins, herbal supplements):</u>

Please list any known allergies your child has (drug, food, latex) \_\_\_\_\_ ☐ No Allergies

Circle if anyone in the family has had: Genetic or Metabolic Disease    Kidney Disease    Deafness before age 5  
Birth Defects    Early Death or Sudden Unexplained Death of Infant or Child (to include SIDS)

Are your child's immunizations up to date? ☐ Yes ☐ No

Who does the child live with? \_\_\_\_\_

Does your child attend: ☐ Daycare ☐ Preschool ☐ Kindergarten ☐ Home- Schooled

Does anyone in the family smoke or is your child exposed to secondhand smoke? ☐ Yes ☐ No

Do you & and your child feel safe at home? ☐ Yes ☐ No

Is your child a picky eater? ☐ Yes ☐ No Servings of fruits and vegetables per day? \_\_\_\_ # of times per week eating fast food? \_\_\_\_

Usually eats dinner as a family? ☐ Yes ☐ No Eats breakfast as a family? ☐ Yes ☐ No

Drinks milk? ☐ Yes ☐ No How many ounces per day? \_\_\_\_ Type of milk: ☐ Whole ☐ 2% ☐ 1% ☐ Skim

Drinks juice? ☐ Yes ☐ No How many ounces per day? \_\_\_\_ Caffeinated beverages? ☐ Yes ☐ No How many per week? \_\_\_\_

Does your child get at least one hour of physical activity 5 time per week? ☐ Yes ☐ No Type of activity: \_\_\_\_\_

How many hours of exposure to TV/Video games/ Computer time does your child have per day? \_\_\_\_\_

Toilet training? ☐ Bladder trained ☐ Bowel trained ☐ Currently toilet training ☐ Haven't started

Circle if you have concerns about: Bowel movements / Constipation / Sleep problems

Check all the following that apply to your child:

Social/ Cognitive Communicative/ Physical Development	
<input type="checkbox"/> Plays make believe	<input type="checkbox"/> Most words are understandable
<input type="checkbox"/> Toilet trained during the day	
<input type="checkbox"/> Copies Circle	
<input type="checkbox"/> Speaks in multiple word sentences	

Preferred Language: ☐ English ☐ Other: \_\_\_\_\_

What is your preferred method of learning: ☐ Verbal ☐ Written ☐ Visual ☐ Other: \_\_\_\_\_


Are there any cultural or religious considerations that may affect your child's healthcare? ☐ Yes ☐ No \_\_\_\_\_

Is your child enrolled in the Exceptional Family Member Program (EFMP/ Q-coded)? ☐ Yes ☐ No

Is the child's sponsor currently deployed? ☐ Yes ☐ No

Is this visit deployment related? ☐ Yes ☐ No

Today's Date: \_\_\_\_\_

<b>BP</b>		<b>HT</b>		<b>Pain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Location of Pain</b> _____ 
<b>HR</b>		<b>WT</b>		
		<b>HC</b>		
<b>Vision Screener</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Immunizations UTD per AFCITA:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Technician Signature:</b> _____				

**HPI:**

N E	Examination:	Normal	Abnormal
<input type="checkbox"/>	<b>General:</b>	<input type="checkbox"/> Active/Alert/WN/WD/NAD/ not dysmorphic	<input type="checkbox"/>
<input type="checkbox"/>	<b>Head/Neck:</b>	<input type="checkbox"/> NCAT/Nontender/FROM	<input type="checkbox"/>
<input type="checkbox"/>	<b>Eyes:</b>	<input type="checkbox"/> RR X2, nl corneal reflex, EOMI, no strabismus	<input type="checkbox"/>
<input type="checkbox"/>	<b>R ear:</b>	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	<b>L ear:</b>	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	<b>Nose:</b>	<input type="checkbox"/> Patent, No congestion/discharge	<input type="checkbox"/> Congested
<input type="checkbox"/>	<b>Oropharynx:</b>	<input type="checkbox"/> Pink, moist, no lesions <input type="checkbox"/> Teeth: NI, no signs of caries	<input type="checkbox"/>
<input type="checkbox"/>	<b>Lungs:</b>	<input type="checkbox"/> CTAB, no retractions, nl WOB	<input type="checkbox"/>
<input type="checkbox"/>	<b>CV:</b>	<input type="checkbox"/> RRR, no murmur, strong femoral pulses, cap refill < 2 sec	<input type="checkbox"/>
<input type="checkbox"/>	<b>Abd:</b>	<input type="checkbox"/> Soft, NT, no HSM, no mass, nl BS, no umbilical/inguinal hernia	<input type="checkbox"/>
<input type="checkbox"/>	<b>Ext/Spine:</b>	<input type="checkbox"/> NL, FROM, nontender, no edema, no lumbosacral pits	<input type="checkbox"/>
<input type="checkbox"/>	<b>Skin:</b>	<input type="checkbox"/> No rash, No bruises	<input type="checkbox"/>
<input type="checkbox"/>	<b>Hips:</b>	<input type="checkbox"/> Full ROM, Symmetric leg folds	<input type="checkbox"/>
<input type="checkbox"/>	<b>Neuro:</b>	<input type="checkbox"/> Normal tone/strength/symmetry	<input type="checkbox"/>
<input type="checkbox"/>	<b>Genitalia:</b>	<input type="checkbox"/> NI female/no adhesions <input type="checkbox"/> NI male, Testes down	
<input type="checkbox"/>	<b>Other findings:</b>	<input type="checkbox"/>	<input type="checkbox"/>

**LABS/X-RAYS:** ☐ H&H (12 months):

☐ Lead Screening (if applicable)

**PLAN:**

**F/U:** at next well child visit at \_\_\_\_\_ months, sooner if parental concerns

☐ Patient and/or parent verbalizes understanding of treatment and plan

☐ Anticipatory guidance handout provided

**PREVENTION:** ☐ Nutrition   ☐ Sippy Cups/No Bottle

☐ Dental care   ☐ Safety/Falls   ☐ Car

Seat

☐ Child-proofing the house

☐ Tobacco avoidance

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stamp:**

23 Jan 2012 SF 600

<b>RECORDS MAINTAINED AT:</b>		
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

STANDARD FORM 600 Overprint

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Deployment, Safety, and Lead Screening Questionnaire

### Deployment:

- |  |        |
|--|--------|
| 1. Is a parent currently deployed?                                       | YES NO |
| 2. Is a parent under orders for deployment within the next three months? | YES NO |
| 3. Has a parent returned from a deployment within the last year?         | YES NO |

### Safety:

- |  |        |
|--|--------|
| 1. Are you in a relationship now or have you ever been in a relationship in which you have been harmed or felt afraid of your partner? | YES NO |
| 2. Has your partner ever hurt any of your children?  | YES NO |
| 3. Are you afraid of your current partner?   | YES NO |
| 4. Do you have any pets in the house?  | YES NO |
| 5. Has your partner or child ever threatened or hurt any of the pets?  | YES NO |
| 6. Are there any guns in your house?   | YES NO |

### Lead: (THESE QUESTIONS ARE INTENDED ONLY FOR CHILDREN AGE 6M-5Y)

- |   |                   |
|---|-------------------|
| 1. Do you live in a high risk zip code? (List on back of form)  | YES NO Don't know |
| 2. Does your child have a sibling or playmate who has had an elevated lead level?   | YES NO Don't know |
| 3. Does your child live in a house that was built before 1950?  | YES NO Don't know |
| 4. Live in or regularly visit a house, daycare center, or preschool that was built before 1978 which has peeling or chipping paint, or has undergone renovation or remodeling in past 6 M?  | YES NO Don't know |
| 5. Live or spend time with someone whose job or hobbies involve exposure to lead?   |                   |
| 6. (Example: Reloads ammunition, makes fishing weights, makes ceramics, makes stained glass, works at a firing range, works with industrial or shipboard paint removal, works with electrical or torch soldering, makes soft metal castings.) | YES NO Don't know |
| 7. Live or spend time near any location that you think might release lead (lead smelter, radiator shop, battery recycler, ect.)?  | YES NO Don't know |
| 8. Live in or regularly visit a house, daycare unit, or preschool that was identified by a DOD Inspection team as a major risk for lead?  | YES NO Don't know |

# Virginia High-Risk Zip Codes\*

<b>Accomack</b>	<b>Augusta</b>	<b>Charlotte</b>	<b>Falls Church City</b>	<b>Hampton City</b>	<b>Lynchburg</b>	<b>Norfolk City</b>	<b>Powhatan</b>	<b>Rockingham</b>	<b>Surry</b>
23301	22843	23823	22046	23651	23938	23603	23139	22811	23839
23302	22839	23934	<b>Fauquier</b>	23861	23944	23504	<b>Prince Edward</b>	22812	23846
23308	24430	23937	22639	23665	23952	23505	23501	22815	23881
23336	24432	23962	22643	<b>Hanover</b>	23974	23507	23942	22820	<b>Sussex</b>
23358	24437	23964	22734	23047	<b>Lynchburg City</b>	23508	<b>Prince George</b>	22821	23867
23357	24459	<b>Charlottesville City</b>	<b>Floyd</b>	23069	24501	23509	<b>Prince William</b>	22832	23888
23359	24467	22803	24072	<b>Hendrix</b>	24503	23510	<b>Prince William</b>	22834	23890
23395	24476	<b>Chesapeake City</b>	24091	23226	24504	23511	22134	22841	<b>Jazzwell</b>
23398	24479	23324	24105	23227	<b>Madison</b>	23517	<b>Pulaski</b>	22846	24602
23404	24485	<b>Clarke</b>	24380	23229	22709	23523	24301	22853	24605
23407	24486	22611	<b>Fluvanna</b>	23230	22719	<b>Northampton</b>	24347	24471	24613
23409	<b>Bath</b>	22620	23022	23231	22727	23310	<b>Radford City</b>	<b>Russell</b>	24622
23410	24445	22663	23084	<b>Henry</b>	22732	23350	24141	24237	24651
23417	24460	<b>Covington City</b>	<b>Franklin City</b>	24089	<b>Martinsville City</b>	23354	<b>Roanoke City</b>	24649	<b>Virginia Beach City</b>
23418	24484	24426	23851	<b>Highland</b>	24112	23405	<b>Roanoke City</b>	<b>Scott</b>	23521
23420	<b>Bedford</b>	<b>Craig</b>	<b>Frederick</b>	24413	<b>Mathews</b>	23413	22716	24245	<b>Warren</b>
23421	24526	24127	22845	24433	23021	<b>Northumberland</b>	22740	24250	22842
23426	24526	24131	22854	24442	23025	22435	22746	24251	22849
23440	<b>Bland</b>	<b>Culpeper</b>	<b>Fredericksburg City</b>	24458	23045	24273	22747	24258	<b>Washington</b>
23442	24315	22713	22401	24465	23066	22539	22749	24236	24336
<b>Albemarle</b>	24318	22718	<b>Galax City</b>	24468	23109	<b>Norton City</b>	<b>Richmond City</b>	<b>Shenandoah</b>	24270
22901	24366	22726	24333	<b>Isle of Wight</b>	23125	22579	23219	22844	24340
22931	<b>Botetourt</b>	22729	<b>Giles</b>	23315	23130	24273	23220	22657	22980
22937	24066	22736	24088	<b>James City</b>	<b>Mechanicsburg</b>	<b>Nottoway</b>	23221	22664	<b>Waynesboro City</b>
22943	24085	<b>Cumbarland</b>	24093	23185	23915	23824	23222	22810	<b>Westmoreland</b>
22947	24080	23027	24094	<b>King and Queen</b>	23924	23922	23223	22824	22488
22959	<b>Bristol</b>	<b>Danville City</b>	24124	23023	23968	23930	23224	22842	<b>Winchester City</b>
24590	24201	24540	24128	23108	23970	<b>Orange</b>	23225	22844	22601
<b>Alexandria City</b>	<b>Brunswick</b>	24541	24134	23110	<b>Middlesex</b>	<b>Roanoke City</b>	<b>Roanoke City</b>	22847	<b>Wise</b>
22301	23821	<b>Dickenson</b>	24147	23156	23079	24011	24013	22847	24216
22302	23868	24226	24160	23177	23149	22650	24014	24316	24219
22305	<b>Buchanan</b>	<b>Scottland</b>	23038	<b>King George</b>	23176	22835	24014	24319	24230
22314	24639	<b>Dinwiddie</b>	23153	22448	23180	22849	24015	24370	24283
<b>Allegheny</b>	<b>Buckingham</b>	23830	<b>Grainger</b>	<b>King William</b>	<b>Montgomery</b>	22851	24016	24375	24285
24422	23936	23840	24292	23009	24138	<b>Pacific</b>	<b>Rockbridge</b>	<b>Southampton</b>	24293
<b>Amelia</b>	<b>Buena Vista City</b>	23850	24326	23181	24149	24185	24435	23827	<b>Wythe</b>
23083	24416	23872	24330	<b>Lancaster</b>	<b>Nelson</b>	<b>Petersburg City</b>	24439	23828	24312
<b>Appomattox</b>	<b>Caroline</b>	23894	24378	22503	22938	23803	24472	23829	24322
23958	22427	<b>Emporia</b>	<b>Greene</b>	<b>Lee</b>	22964	<b>Pittsylvania</b>	24473	23837	24323
<b>Arlington</b>	22514	23947	22935	24221	22969	24139	24483	23844	24350
22201	<b>Carroll</b>	<b>Essex</b>	<b>Hallifax</b>	24265	22971	24531	24555	23866	24388
22203	24325	22204	24534	24277	24464	24594	24578	23874	24382
22205	24343	22504	24539	24282	<b>Newport News City</b>	<b>Portsmouth City</b>	24579	<b>Staunton City</b>	
22208	24352	22508	24577	<b>Lexington City</b>	23604	23701		24401	
22207	22580	24592	24598	24450	23607	23702		<b>Stafford City</b>	
22211		<b>Fairfax</b>	22307	<b>Louisia</b>		23704		23432	
				23024		23707		23434	

\* Areas with these ZIP Codes have >27% of housing built before 1950 and/or an increased prevalence of childhood lead poisoning in Virginia and access to publications available to medical professionals, parents and others. Toll free phone (877) 562-7987.

Date: \_\_\_\_\_ Today your child saw: \_\_\_\_\_

**NAVAL MEDICAL CENTER PORTSMOUTH PEDIATRICS**

Weight: \_\_\_\_\_ kg (\_\_\_\_ %) \_\_\_\_\_ lbs Blood Pressure: \_\_\_\_\_  
Height: \_\_\_\_\_ cm (\_\_\_\_ %) \_\_\_\_\_ in BMI: \_\_\_\_\_ (\_\_\_\_ %)

Follow up with your PCM in \_\_\_\_\_ weeks / months or sooner if you have any further concerns.

☐ **Prescriptions provided today:**

\_\_\_\_\_  
\_\_\_\_\_

- New Prescriptions TEXT Q-Anywhere: 833-217-2199
- Medication Refills call 757-953-6337(MEDS)

☐ **Labs ordered today:**

(Please complete by \_\_\_\_\_)

(NMCP Laboratory-1L; Hours are 0700-1630; Walk-in Appts Only)

☐ **Radiology – X-rays/MRI/CT/Ultrasound ordered today:**

(Please complete by \_\_\_\_\_)

(1<sup>st</sup> Floor South; X-rays by walk in appt 0700-1530; Call 953-XRAY to schedule for Ultrasound/CT/MRI)

☐ **Referrals ordered today:**

- Referrals to the MTF call 1-866-645-4584 in 48-72 hours to schedule your appointment
- Network referral status call Humana Military 1-800-444-5445 **OR** view referral status via MHS Genesis Patient Portal

☐ **Immunizations due today:**

(Call 1-866-645-4584 to schedule an Immunization appointment at one of the TPC Branch Clinics)

☐ **Additional Instructions:**

\_\_\_\_\_

**SCAN TO  
PRINT YOUR  
FORMS AT  
HOME!**



**Important Phone Numbers:**

- NMCP Pediatric Clinic (757)-953-7716
- Appointment Line: (866)-645-4584
- 24 hour Counseling Self-Referral Hotline: (800)-342-9647
- Infant and Toddler Connection of VA: (800)-234-1448
- Nurse Advice Line: (800)-TRICARE(option#1)
- Poison Control: (800)-222-1222
- Humana Military: (800)-444-5445
- NMCP Pediatrics Fax: 757-953-0868
- Fleet and Family: 757-444-6289(NAVY)
- Tricare: 1-877-2273 (TRICARE)



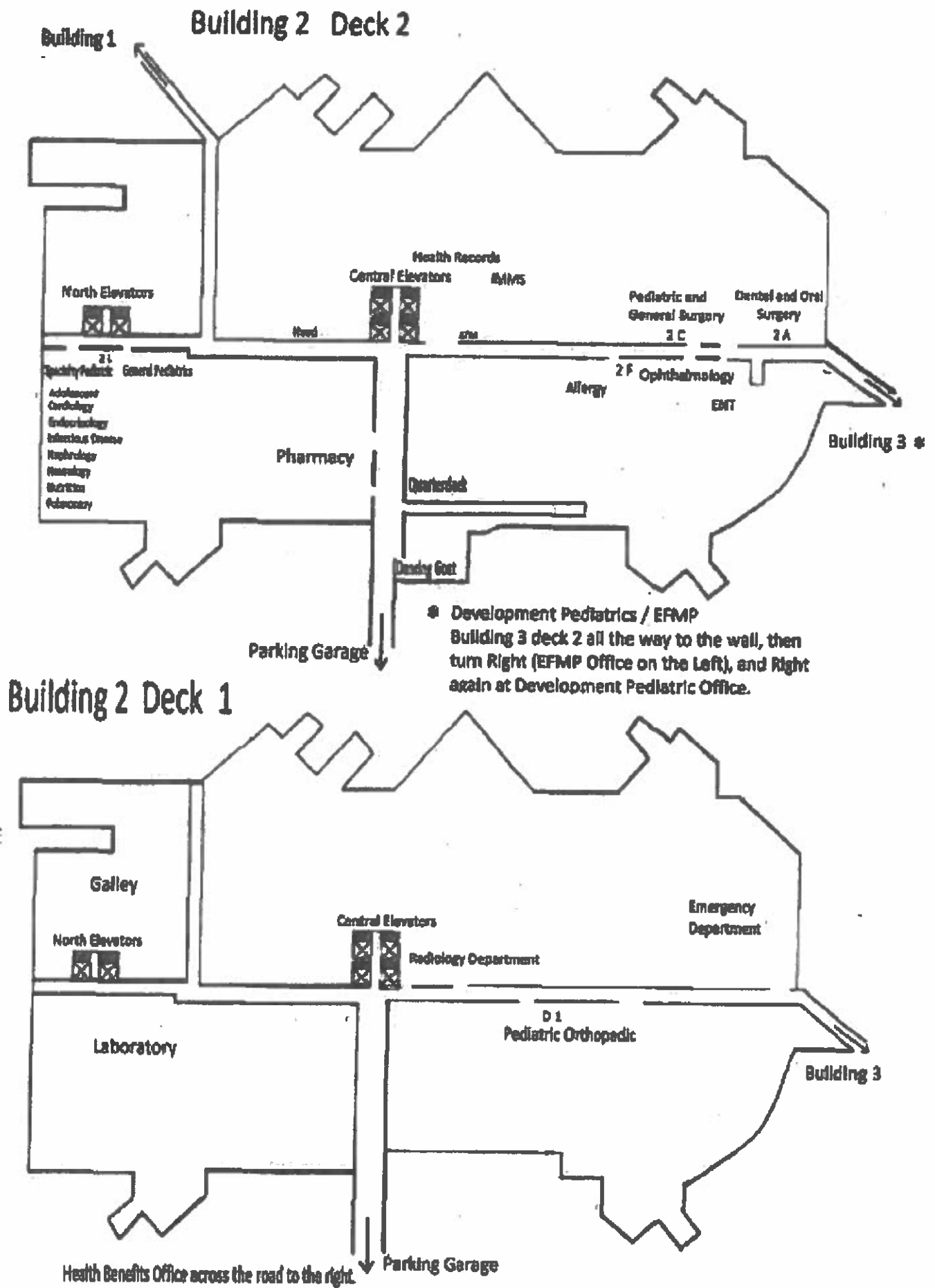
INTERACTIVE  
CUSTOMER  
EVALUATION

**Additional Resources:**

- **MHS Genesis Patient Portal:**  
<https://myaccess.dmdc.osd.mil/identitymanagement/app/login>
- **Military Onesource**
  - <https://www.militaryonesource.mil/>
  - Counseling Services – 12 sessions without referral; 24 hour hotline (800)-342-9647
  - Optometry-NO referral required
- **Humana Military:** <https://www.humana.com>
- **Fleet and Family:** <https://www.navywmrmlant.com/>
- **Health Information:**  
<https://healthychildren.org/English/Pages/default.aspx>

Date: \_\_\_\_\_

Today your child saw: \_\_\_\_\_



# BRIGHT FUTURES HANDOUT ► PARENT

## 3 YEAR VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.



### ✓ HOW YOUR FAMILY IS DOING

- Take time for yourself and to be with your partner.
- Stay connected to friends, their personal interests, and work.
- Have regular playtimes and mealtimes together as a family.
- Give your child hugs. Show your child how much you love him.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Give your child the chance to make choices.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.

### ✓ EATING HEALTHY AND BEING ACTIVE

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Be sure your child is active at home and in preschool or child care.
- Apart from sleeping, children should not be inactive for longer than 1 hour at a time.
- Be active together as a family.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Be aware of what your child is watching.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### ✓ PLAYING WITH OTHERS

- Give your child a variety of toys for dressing up, make-believe, and imitation.
- Make sure your child has the chance to play with other preschoolers often. Playing with children who are the same age helps get your child ready for school.
- Help your child learn to take turns while playing games with other children.

### ✓ READING AND TALKING WITH YOUR CHILD

- Read books, sing songs, and play rhyming games with your child each day.
- Use books as a way to talk together. Reading together and talking about a book's story and pictures helps your child learn how to read.
- Look for ways to practice reading everywhere you go, such as stop signs, or labels and signs in the store.
- Ask your child questions about the story or pictures in books. Ask him to tell a part of the story.
- Ask your child specific questions about his day, friends, and activities.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)  
Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 3 YEAR VISIT—PARENT

## ✓ SAFETY

- Continue to use a car safety seat that is installed correctly in the back seat. The safest seat is one with a 5-point harness, not a booster seat.
- Prevent choking. Cut food into small pieces.
- Supervise all outdoor play, especially near streets and driveways.
- Never leave your child alone in the car, house, or yard.
- Keep your child within arm's reach when she is near or in water. She should always wear a life jacket when on a boat.
- Teach your child to ask if it is OK to pet a dog or another animal before touching it.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

## WHAT TO EXPECT AT YOUR CHILD'S 4 YEAR VISIT

### We will talk about

- Caring for your child, your family, and yourself
- Getting ready for school
- Eating healthy
- Promoting physical activity and limiting TV time
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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