

## Well Baby Exam (Age 3 & Under)

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Childs Age \_\_\_\_\_ Birth Date \_\_\_\_\_

To help us assess your child's needs, please answer these questions. Thank you.

Health History	Yes	No
Did birth mother have any problems during pregnancy?	<input type="radio"/>	<input type="radio"/>
Has your child needed frequent use of liquid medication?	<input type="radio"/>	<input type="radio"/>
Notes: _____		
<b>Diet and Nutrition</b>		
Is/was your child breastfed?	<input type="radio"/>	<input type="radio"/>
Does your child sleep with a bottle?	<input type="radio"/>	<input type="radio"/>
Does your child drink from a sippy cup?	<input type="radio"/>	<input type="radio"/>
Is your child on a special diet?	<input type="radio"/>	<input type="radio"/>
Notes: _____		
<b>Fluoride Adequacy</b>		
Do you have well water?	<input type="radio"/>	<input type="radio"/>
If yes, has the water been tested for fluoride content?	<input type="radio"/>	<input type="radio"/>
Notes: _____		
<b>Oral Habits</b>		
Does your child have any oral habits?	<input type="radio"/>	<input type="radio"/>
Notes: _____		
<b>Oral Development</b>		
Does your child have teeth?	<input type="radio"/>	<input type="radio"/>
Child's age (in months) when first tooth erupted?	<input type="radio"/>	<input type="radio"/>
Has your child experienced any teething problems?	<input type="radio"/>	<input type="radio"/>
Notes: _____		
<b>Oral Hygiene</b>		
Do you clean your child's teeth/gums?	<input type="radio"/>	<input type="radio"/>
Does your caretaker clean your child's teeth/gums?	<input type="radio"/>	<input type="radio"/>
Do you use a toothbrush to clean your child's teeth?	<input type="radio"/>	<input type="radio"/>
Do you use toothpaste to clean your child's teeth?	<input type="radio"/>	<input type="radio"/>
Do you, or any caretakers have untreated dental needs?	<input type="radio"/>	<input type="radio"/>
If yes, who? _____	<input type="radio"/>	<input type="radio"/>
Notes: _____		

Circle:    Mother    Father    Guardian    Signature: \_\_\_\_\_