New Jersey Department of Health
CHILD HEALTH CONFERENCE – HEALTH ASSESSMENT
CHILDHOOD: 3 Years

DATE: _____

Child's Name		Date of Birth
Allergies	Illnesses/Injuries/Problems/Concerns	Current Medications

RN:

SUBJECTIVE

Y	N	
☐	☐	My child eats a variety of foods
☐	☐	My child knows his or her own name, age and sex
☐	☐	My family understands my child's speech
☐	☐	My child can jump off a step with both feet
☐	☐	My child is dry during the night most of the time
☐	☐	I have concerns about my child's hearing/vision

Diet: _____

- ☐ Vitamin Supplements
- ☐ Fluoride Supplements
- ☐ Lead Risk Assessment (verbal)
- ☐ Review Immunization Record
- ☐ TB Test (if risks factor present)
- ☐ Cholesterol Screening (high risk children)
- ☐ WIC Referral
- ☐ Dental Referral
- ☐ Hgb/Hct
- ☐ Audiogram Referral

Elimination: _____

Sleep: _____

Other: _____

HEALTH EDUCATION/ANTICIPATORY GUIDANCE: (CHECK ALL COMPLETED)

- ☐ Nutrition
- ☐ Safety (general)
- ☐ Car Seat or Booster Seat
- ☐ Development Benchmarks
- ☐ Limit TV
- ☐ Lead Poisoning Prevention
- ☐ Child Care Issues
- ☐ Other: _____
- ☐ Toilet Training
- ☐ Passive Smoke
- ☐ Friendship/Siblings
- ☐ Discipline/Limits
- ☐ Oral Health Care
- ☐ Supervision

OBJECTIVE: SCREENING

WEIGHT KG/LB PERCENTILE:	HEIGHT CM/IN PERCENTILE:	BLOOD PRESSURE:

	N	A	
Hearing	☐	☐	_____
Vision	☐	☐	_____
Development	☐	☐	_____
Behavior	☐	☐	_____
Social/Emotional	☐	☐	_____
Gross Motor	☐	☐	_____
Fine Motor	☐	☐	_____

APN/PA/MD/DO:

SUBJECTIVE

☐ Review of Family History

_____
_____
_____
_____
_____

☐ Review of Systems

_____
_____
_____
_____
_____

OBJECTIVE: PHYSICAL

	N	A		N	A
General Appearance	☐	☐	Lungs	☐	☐
Skin	☐	☐	Chest	☐	☐
Head	☐	☐	Cardiovascular/Pulses	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Nose	☐	☐	Spine	☐	☐
Oropharynx/Teeth	☐	☐	Extremities	☐	☐
Dental Structure/Tongue	☐	☐	Neurological	☐	☐
Mental Health	☐	☐			

ASSESSMENT (Problem List)

_____
_____

PLAN

_____
_____
_____

REFERRALS

_____
_____

APN/PA/MD/DO SIGNATURE:

RN ASSESSMENT:	RN PLAN:	REFERRALS:

RN SIGNATURE:

NEXT VISIT: 4 YEARS OF AGE

IMMUNIZATIONS: ☐ Given ☐ Up to date

Additional notes on reverse side➔

ADDITIONAL NOTES