

THOUSAND OAKS PEDIATRICS INTERIM HISTORY – TODDLER (1 – 4)

Name _____

Date _____

- Do you have any concerns or problems that you would like to address today in addition to the physical exam? _____

- Have there been any significant illnesses or injuries since your child's last physical?

- Has your child seen a dentist yet? _____
If yes, does your child get cleanings every 6 months? _____
- What are the latest developmental steps your child has taken (i.e. walking, talking, dressing, feeding, riding a tricycle, drawing a circle, etc.)? _____

- How many words in your child's vocabulary? _____
Does your child talk in sentences? _____
About what percent of your child's speech does a stranger understand?
▪ 25% 50% 75% 100%
Are you concerned about your child's speech? _____
- Is your child toilet trained? _____
Is your child showing interest in toilet training? _____
- How do you handle any temper tantrums your child may have? _____

Do you feel that your method of discipline is effective with your child? _____
- Who lives at home? _____
- What kind of pets/animals live at your house? _____
- Does your child eat well? _____
Does your child eat fruits and vegetables every day? _____
How many ounces of milk does your child drink a day? _____
- Does anyone smoke at your home? _____
- Is there a gun in your home? _____ Where and how is it stored? _____
- Is your house childproofed? Please circle the safety measures you have taken:
*Water heater below 125; locks on cabinets containing medications, cleaning and cooking solutions;
gated and fenced pool or spa; ALWAYS drive with child in car seat;
ALWAYS wear a helmet when riding tricycle*