

**4 year old Healthy Kids Check**

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

DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Verbal consent given: [ ] Yes [ ] No

Child has received 4 yr old immunisation: [ ] Yes [ ] No Date: \_\_\_/\_\_\_/\_\_\_\_\_

Previous health problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Regular Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Height: \_\_\_\_\_cm Weight: \_\_\_\_\_\_kg

Category: [ ] Underweight [ ] Healthy weight [ ] Above healthy weight

**Eyesight:**

Any parental concerns about vision? [ ] Yes [ ] No

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Basic visual inspection of eyes: [ ] Normal [ ] Abnormal

Can the child identify a picture from 2 metres? [ ] Yes [ ] No

Has the child visited an optometrist yet? [ ] Yes [ ] No

**Hearing:**

Any parental concerns about hearing? [ ] Yes [ ] No

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Any history of ear discharge? [ ] Yes [ ] No

**Oral health:**

How often does your child brush his/her teeth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child visited a dentist yet? [ ] Yes [ ] No

Any abnormalities in the teeth or gums? (visual inspection) [ ] Yes [ ] No

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**Toilet habits:**

Can your child manage toilet independently? [ ] Yes [ ] No

Any problems with constipations or diarrhoea? [ ] Yes [ ] No

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**Diet and Exercise:**

Describe your child’s apetite [ ] Poor [ ] Good

How many serves of fruit and vegetable/salad does your child eat each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much “screentime” does your child have per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eg, computer, television, playstation, Nintendo ds

Does your child do any sport or regular exercise? [ ] Yes [ ] No

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Any other parental concerns? [ ] Yes [ ] No

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Get set for life book given: [ ] Yes [ ] No

Actions needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_