

Risk Assessment 2-4 Years Appropriate

Do you have any questions or concerns about your child that you would like to discuss today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any major changes in your family (i.e., divorce, separation, job changes, moving)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a daily routine with your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your child's weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child eat healthy foods like vegetables and fruits daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you limit sweets, fruit juices and junk foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about how your child is sleeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you limit screen time for your child to less than 2 hours a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your child's development or behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about how your child talks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you read daily to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child attend daycare or preschool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child seen a dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have questions about toilet training your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have more than 30 min of vigorous activity daily such as playing at the park, swimming, soccer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any questions about fire safety, pool safety, preventing falls, choking, poisonings and drownings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any smokers in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a gun in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child traveled to a country at high risk for Tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No