Health checkup for 3 Years - Old

Name: Address:

☆Please fill out your child's household information.

① Order of birth: ________ Sex: Male・Female Date of birth: Y M D

② House hold information : In total ________ people

	Name	Age	Sex	Occupation	Health status	Medical history	Allergies
Child him/herself			M・F				Yes: No
Father			M・F				Yes: No
Mother			M・F				Yes: No
			M・F				Yes: No
			M・F				Yes: No
			M・F				Yes: No
			M・F				Yes: No
			M・F				Yes: No

③ Who cares for your child during the day? Mother・Father・Grandmother・Grandfather
Nursery・Kindergarten ( )

④ Contact information(Phone number) : ( )

☆Please fill out the information below about delivery and immunization of your child

①Record of delivery

Place of birth		Weight	g
		Height	cm
Length of pregnancy	Weeks days	Chest circumference	cm
Delivery type	Normal / C - section / Other	Head circumference	cm

②Immunization Record

Hib	1st 2nd 3rd 1stterm booster	Measles/Rubella	1st
Streptococcus pneumoniae	1st 2nd 3rd 1st term booster	BCG	None
DPT-IPV	1st 2nd 3rd 1st term booster	Varicella	1st 2nd
Japanese encephalitis	1st 2nd	Hepatitis B	1st 2nd 3rd

☆Please answer about your child's growth and development.

① Does your child climb stairs freely? ☐Yes ☐No

② Does your child enjoy talking with people close to him/her? ☐Yes ☐No

③ When you ask "Which is bigger?" does your child answer correctly? ☐Yes ☐No

④ Do you feel that your child's pronunciation is poor? ☐No ☐Yes

⑤ Does your child play with building blocks? ☐Yes ☐No

⑥ Does your child have any difficulty with elimination? ☐No ☐Yes

⑦ Does your child listen to you what you say? ☐Yes ☐No

⑧ Is your child very fearful or anxious? ☐No ☐Yes

⑨ Does your child have any bad habits? ☐No ☐Yes

⑩ Does your child depend on adults for things that he/she can do alone ☐No ☐Yes

⑪ Does your child sometimes fail to play with friends? ☐No ☐Yes

⑫ What time does your child usually get up? 1:Before 8 AM 2 :6 to10 AM 3:After 10 AM

What time does your child usually go to bed? 1: Before 8 PM 2:8 to 10 PM 3: After 10 PM

⑬ Do you have anyone you can go to for parenting advice or support?

☐No ☐Yes → ( )

☆We would like to ask the parents or guardians the following questions.

① Do you enjoy raising your child? ☐Yes ☐No

② Do you feel that you have your family's support while child rearing? ☐Yes ☐No

③ Does anyone in your family smoke when your child is nearby? ☐ No ☐Yes ☐Nobody smokes

④ Do you have any questions or concerns about child rearing?