



## Joint Follow-up: 3 years

♂ Boy  ♀ Girl  Date of the visit: \_\_\_\_\_ Age: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

### Parental Concerns

\_\_\_\_\_  
\_\_\_\_\_

### Life Context

- Type of day-care?: \_\_\_\_\_
- Social support network?: \_\_\_\_\_
- Change in the family?: \_\_\_\_\_
- Difficulties in feeding the family?: \_\_\_\_\_
- Other \_\_\_\_\_

### Health Monitoring

\_\_\_\_\_  
\_\_\_\_\_

### Current Lifestyle Habits

#### Nutrition

- Water offered during meals: \_\_\_\_\_
- Fluoride if risk of cavities? (\*) \_\_\_\_\_
- Cow's milk 2% or enriched soy milk (max 20 oz. or 600 ml/day)? \_\_\_\_\_
- Other supplements/natural products? \_\_\_\_\_
- Avoid juice:** \_\_\_\_\_
- Vegetarianism? \_\_\_\_\_
- Vitamin D: 400 IU/day supplement:** \_\_\_\_\_
- Proportion of foods from the 3 food groups** \_\_\_\_\_

**Sleep (nbr of hours/24 h)?:** \_\_\_\_\_ **Is exposed to screens (nbr min/d)?** \_\_\_\_\_ **Various physical activities (nbr of hours/d)?:** \_\_\_\_\_

### Developmental Surveillance

#### Cognitive

- Copies vertical and horizontal lines (without demonstration).
- Completes a 3-4-piece puzzle.
- Points to or names at least 2 colours (red, blue, yellow, green) when asked.
- Understands all the following spatial concepts: on/under/next to/down/up.
- Compares objects using the words: smaller/bigger/taller.
- Pretend play: uses toys to reproduce the detailed steps of the routines of everyday life (e.g.: give the doll a bath by talking to it, wash it and then dry it).

#### Physical and Motor

- Walks up the stairs, alternating feet when changing steps (can hold on to the railing or wall).
- Jumps on the spot, lifting both feet off the ground at the same time, without support.
- Throws a ball (with a hand movement over the shoulder).
- Threads small objects on a string (e.g., wooden beads, dried macaroni, etc.).
- Eats meals using a fork, spilling little or no food.
- Washes hands without aid (soap, rinse and dry). Adult assistance may be required to turn the tap on and off.

#### Language

- Responds to verbal instructions with two or more elements without the help of gestures or pictures (e.g., "Take your shoes and put them in your locker").
- Answers simple questions such as "Who...?", "How many?", and "Why?".
- Says his or her first name and age when asked.
- Speaks clearly enough to be understood at least 75% of the time.
- Makes structured sentences of 3 to 4 words (subject-verb-noun), sometimes with articles (the, a/an), (e.g., "Leo is eating an apple").
- Uses words such as "you", "him", "her", "he", "she". (can be replaced by "I" or "a").

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## Developmental Surveillance (continued)

### Social and Emotional

- Initiates interaction with other children.
- Plays the same game as other children but without a common goal (e.g., building with blocks side by side).
- Accepts limitations imposed by the adult despite dissatisfaction (expresses disappointment at having to stop an activity but accepts it anyway).
- Able to wait a few minutes for the adult to respond to his or her need (e.g., to give the child what he or she asks for at mealtime).
- Participates in several steps of the daily routine (e.g., putting away toys, helping set the table, etc.).

### Red Flags

- Moves one side of his body little or not at all in relation to the other (asymmetrical use: avoids using one hand, keeps one hand more closed than the other).
- Has difficulty on stairs or walking (frequent falls, loss of balance, clumsiness, always walks on tiptoes).
- Does not look at the person when talking to them (lack of eye contact).
- Is not able to control his or her saliva (still drools).
- Seems not to hear well.
- Seems not to be able to see well.
- Loses a skill he or she has already learned (regression).

## Physical Examination (age corrected on growth charts if premature)

Weight: \_\_\_\_\_ Perc: \_\_\_\_\_ Height: \_\_\_\_\_ Perc: \_\_\_\_\_ BMI: \_\_\_\_\_ Perc: \_\_\_\_\_ TA: \_\_\_\_\_

General appearance: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Red reflex</li> <li><input type="checkbox"/> Corneal reflex test</li> <li><input type="checkbox"/> Modified cover test</li> <li><input type="checkbox"/> Visual acuity (3-5 years)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> ENT</li> <li style="padding-left: 20px;">Eardrums: _____</li> <li><input type="checkbox"/> Dentition (cavities?):</li> <li><input type="checkbox"/> Heart</li> <li><input type="checkbox"/> Lungs</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdomen</li> <li><input type="checkbox"/> External genital organs</li> <li><input type="checkbox"/> Limbs</li> <li><input type="checkbox"/> Teguments: _____</li> <li style="padding-left: 20px;">Suspicious lesions?: _____</li> <li><input type="checkbox"/> Gait: _____</li> </ul> |
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Observations \_\_\_\_\_

## Promotion of Healthy Lifestyles and Preventive Advices

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Avoid juice, offer water instead</b></li> <li><input type="checkbox"/> <b>Offer a variety of foods from the 3 food groups: vegetables and fruit, whole grain products and protein foods</b></li> <li><input type="checkbox"/> <b>Promote healthy eating behaviours: provide nutritious meals and snacks at regular times, eat at the table and not in front of the screen, avoid rewarding with food, respect the child's hunger and satiety cues</b></li> <li><input type="checkbox"/> <b>Recommend tooth brushing 2 times a day with fluoride toothpaste (the size of a small pea)</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Limited screen time (maximum 1 hour/d)</b></li> <li><input type="checkbox"/> <b>Promotion of various physical activities (≥ 3 hours/day for an active lifestyle)</b></li> <li><input type="checkbox"/> <b>Encourage good hygiene of sleep (&gt; 10h/24 hours)</b></li> <li><input type="checkbox"/> <b>Encourage a quality day-care attendance, especially if underprivileged environment</b></li> <li><input type="checkbox"/> Encouraging reading awareness</li> <li><input type="checkbox"/> Supporting parenting skills: attitude relative temper tantrums, discipline (consistency and coherence between parents), etc.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Encouraging a smoke-free environment</b></li> <li><input type="checkbox"/> <i>Ensure the child's safety: street safety, tools, matches, bicycle helmet, drowning, choking, sun protection and seasonal protection, storage of firearms.</i></li> <li><input type="checkbox"/> Stimulation of development (see guide)</li> <li><input type="checkbox"/> <b>Prevention of sexual abuse</b></li> <li><input type="checkbox"/> Avoiding violent programmes</li> </ul> |
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## Impressions and Conduct

### Impressions

- Physical health: \_\_\_\_\_
- Growth: \_\_\_\_\_
- Development: \_\_\_\_\_
- Other impression(s): \_\_\_\_\_

### Conducts

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### General conduct

- Regular visits to the dentist (in priority if cavities)**
- Vision test (optometrist) if not done with physical examination**
- Lipid profile, if not done? (\*)
- Referral if overweight or obesity*
- Blood lead test? (\*)**
- Hearing test if retarded language skills and/or questionable sensitivity
- Tools or resources for parents : \_\_\_\_\_

Signature : \_\_\_\_\_ Next appointment: \_\_\_\_\_

(\*) If the child is at risk, see guide. Recommendations: **bold = A**, *italic = B*, regular = C or I, underlined = MSSSQ good clinical prevention practices.  
 By Gilles Brunet, MD, Gilles Cossette, IPSPL, Dominique Cousineau, MD, FRCPC, and Danièle Lemieux, MD, Lise Bélanger, MD, FRCPC, Alena Valderrama, MD, FRCPC.  
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