



Dr. Gary Kinsey, M.D. & Joshua F. Gastley FNP-C
Phone: 706-652-2252 Fax: 706-652-3444
Email: flinthealthcare.maysville@gmail.com

Well Checkup - 2-4 Years

Patient Name: _____

DOB: _____ Appt. Date: _____

Eating Habits: (Choose any that may apply) ☐ Fair ☐ Good ☐ Poor ☐ Prefers Breads ☐ Prefers Fruits ☐ Prefers Meats ☐ Prefers Vegetables	Bedtime Drinks (Choose any that may apply) ☐ Juice ☐ Milk ☐ Water
Discipline Problems:(Choose any that may apply) ☐ Biting ☐ Fighting ☐ Frequent Temper Tantrums	Sleeping through the night: ☐ Yes ☐ No
Toilet Trained: ☐ Yes ☐ No	Bowel Movement Concerns: ☐ Yes ☐ No
Discipline Problems:	
Parental Concerns:	



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Nutritional Issues

Please circle yes or no in response to each of the categories below

Anemia ☐ Yes ☐ No	Weight concerns ☐ Yes ☐ No	Daily Vitamins ☐ Yes ☐ No	Chronic GI Problems: ☐ Yes ☐ No	Special Diet ☐ Yes ☐ No	Food Allergies: ☐ Yes ☐ No
Diet (Number of servings per day)					
Dairy	Protein	Vegetables	Fruits	Carbohydrates	
Nutritional Comments:					

Developmental Tasks

Communication	Asks "Why" and "How"	Yes	No	Fine Motor	Copies a circle and a cross	Yes	No
	Knows "cold", "Tired", and "Hungry"	Yes	No		Draws a three-part person	Yes	No
	Gives first and last name	Yes	No		Dresses self	Yes	No
	Knows Name, Age, and Sex	Yes	No		Feeds self	Yes	No
	Can point to 6 body parts	Yes	No		Helps with dressing	Yes	No
	Says 20 + words	Yes	No		Hygiene-brushes teeth	Yes	No
	Understandable Speech	Yes	No		Mimics household chores	Yes	No
	Understands simple commands	Yes	No		Stacks 8 or more blocks	Yes	No
	Vocabulary - 2-word sentences	Yes	No		Stacks 5-6 blocks	Yes	No
	Vocabulary - 3 to 4 word sentences	Yes	No		Turns page one at a time	Yes	No
Gross Motor	Balances on one foot	Yes	No	Developmental concerns:	Uses pencils with good control	Yes	No
	Climbs into an adult chair	Yes	No		Washes and dries hands	Yes	No
	Jumps in place	Yes	No				
	Kicks ball	Yes	No				
	Rides a bike with training wheels	Yes	No				
	Rides Tricycle	Yes	No				



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Fine Motor	Balances on one foot Climbs into an adult chair Jumps in place Kicks ball Rides a bike with training wheels Rides Tricycle Throws the ball overhead Walks alone and quickly Walks backwards Walks on tiptoes Walks up and down stairs alternating feet Walks up stairs one at a time.	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	Developmental concerns:
Social:	Can distinguish between fantasy and reality Comes when called Cooperative play Fantasy play Gives and Takes objects Has formed a gender identification Names a friend Plays "hide and seek" Play with other children	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	Developmental concerns:
Cognitive:	Can name common objects Can name four colors Can retell familiar stories Hides and finds objects Knows animal sounds Tries to read Pretend play	Yes No Yes No Yes No Yes No Yes No Yes No Yes No	Developmental concerns:

Developmental Notes: