

**Date:** [Insert Date]

**To the Parent/Guardian of:** [Child's Full Name]

**Date of Birth:** [Child's Date of Birth]

Subject: Three-Year Preschool Well-Child Assessment

Dear Parent/Guardian,

It is time for your child's three-year well-child assessment. This visit is an important milestone to ensure your child is growing, developing, and staying healthy as they prepare for preschool environments.

During this appointment, we will review the following:

- **Physical Growth:** Measuring height, weight, and Body Mass Index (BMI).
- **Developmental Milestones:** Assessing speech, fine and gross motor skills, and social-emotional behavior.
- **Physical Exam:** A comprehensive check of the heart, lungs, vision, and hearing.
- **Immunizations:** Reviewing and administering any required or recommended vaccinations.
- **Nutrition and Safety:** Guidance on healthy eating habits, sleep, and injury prevention.

Please complete any attached developmental screening forms prior to your arrival. We also encourage you to bring a list of any questions or concerns regarding your child's behavior or learning.

**Appointment Details:**

Date: [Insert Date]

Time: [Insert Time]

Provider: [Insert Provider Name]

To confirm or reschedule this appointment, please call our office at [Insert Phone Number].

Sincerely,

[Doctor/Clinic Name]

[Clinic Address]

[Contact Information]