



Scan this code for age specific health information

Date:

★ **Do you have any concerns about your baby's:**

No | Yes eating? No | Yes sleeping? No | Yes vision? No | Yes hearing?

★ **Do you have any concerns about:**

No | Yes recent changes or stress (job change, move, divorce, illness)? No | Yes use of alcohol or drugs by anyone caring for your baby?
 No | Yes having enough support in caring for baby? No | Yes conflict or violence that your baby is exposed to?

★ **Do you:**

Yes | No always use a car seat? (5-point harness, rear-facing, in the backseat) Yes | No always put baby to sleep on their back?
 Yes | No know about shaken baby syndrome?
 Yes | No have your water heater set to 120 degrees or below? Yes | No If you own a gun, is it locked, with bullets stored separately? No gun in home
 Yes | No have working smoke alarms and carbon monoxide detectors in your home? Yes | No have internet access to view health information from our website?

★ **Tuberculosis (TB) Risk**

No | Yes Has your child had recent close contact with someone with active TB disease? No | Yes Was your child born in or had extensive travel to Asia, Africa, Eastern Europe or Latin America?
 No | Yes Does your child have any chronic illnesses (including HIV, diabetes, cancer, kidney disease, intestinal disease)? No | Yes Has your child been exposed to homeless shelters, refugee camps or prison/jail?

★ **Social Determinants of Health**

Within the past 12 months, you worried that your food would run out before you got money to buy more. Often true Sometimes true Never true
 Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. Often true Sometimes true Never true
 In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living? (check all that apply)
 Yes, it has kept me from medical appointments or getting medication
 Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
 No
 Would you like information regarding these concerns? (check all that apply)
 Yes, have someone contact me Yes, I would like written information No

★ **Please write down any questions or concerns that you would like to talk about today:**

Name: _____

Birthdate: _____

_____ Provider initials