



Scan this code for age  
specific health information

Date:

★ **Do you have any concerns about:**

No | Yes your baby's vision?      No | Yes your baby's hearing?

★ **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 have your water heater set to 120 degrees  
or below?

Yes | No know about shaken baby syndrome?

Yes | No have working smoke alarms and carbon  
monoxide detectors in your home?

Yes | No If you own a gun, is it locked, with bullets stored  
separately? ☐ No gun in home

★ **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**

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) Z59.82

☐ 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:**

\_\_\_\_ Provider initials

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_