12 Month Parent Questionnaire

Scan this code for age specific health information

Date:

Do you have any concerns about your child's:

No | Yes vision? No | Yes hearing?

Do you:

Yes | No take your child to the dentist?

Yes | No brush your child's teeth every day?

Yes | No always use a car seat? (5-point harness, rear-facing, in the backseat)

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

Yes | No have the poison control number? (1-800-222-1222)

Yes | No put sunscreen on your child?

Yes | No have cleaning supplies and medications out of reach or locked?

Yes | No avoid foods that can cause your child to choke? (hot dogs, peanuts, popcorn, raw carrots, hard candy)

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

Yes | No have any changes to your family's medical history since last visit? If yes, please explain:

Tuberculosis (TB) Risk

No | Yes Has your child had recent close contact with someone with active TB disease?

No | Yes Does your child have any chronic illnesses (including HIV, diabetes, cancer, kidney disease, intestinal disease)?

No | Yes Was your child born in or had extensive travel to Asia, Africa, Eastern Europe or Latin America?

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:

Name: _____

Birthdate: _____

_____Provider initials