



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 always use a car seat?<br>(5-point harness, rear-facing, in the backseat)                   | Yes   No brush your child's teeth every day?   |
| Yes   No have your home child proofed?   | Yes   No take your child to the dentist?   |
| Yes   No have the poison control phone number available? (1-800-222-1222)                            | Yes   No If you own a gun, is it locked, with bullets stored separately? <input type="checkbox"/> No gun in home |
| Yes   No know first aid for burns?   |  |
| Yes   No have any changes to your family's medical history since last visit? If yes, please explain: |  |

★ **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