



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 know infant CPR and first aid? (www.cpr.heart.org and search CPR Anytime)
Yes No have your water heater set to 120 degrees or below?	Yes No give your baby any vitamins or supplements?
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? <input type="checkbox"/> No gun in home
Yes No always put baby to sleep on their back?	

★ **Family Medical History:**

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