



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 conflict or violence that your baby is exposed to?

No | Yes having enough support in caring for your baby?      No | Yes use of alcohol or drugs by anyone caring for your baby?

★ **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?  No gun in home
- Yes | No always put baby to sleep on their back?      Yes | No have internet access to view health information from our website?
- Yes | No have any changes to your family's medical history since last visit? If yes, please explain:

★ **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