



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?  
 No | Yes Has your baby had any reactions to any foods? Check foods tried:  Cereal  Fruits  Vegetables  Meat

**★ Do you have any concerns about:**

No | Yes recent changes or stress (job change, move, divorce, illness)?      No | Yes balancing the roles of parent and partner?  
 No | Yes any injury since last visit?  No injuries      No | Yes conflict or violence that your baby is exposed to?  
 No | Yes use of alcohol or drugs by anyone caring for your baby?

**★ Do you:**

Yes | No (does your child) drink tap/city water?      Yes | No only use play seats without wheels? (no walkers)  
 Yes | No always use a car seat? (5-point harness, rear-facing, in the backseat)      Yes | No If you own a gun, is it locked, with bullets stored separately?  No gun in home  
 Yes | No put sunscreen on your baby?      Yes | No have internet access to view health information from our website?  
 Yes | No have your home childproofed? (cords and outlet covers, cabinet latches, irons & curling irons out of reach, stair gates, poisons/medications out of reach, poison control number (1-800-222-1222))

**★ 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**

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