

Scan this code for age specific health information



Date:

★ **Do you have any concerns about your baby's:**

No | Yes vision? No | Yes hearing?

★ **Do you have any concerns about:**

★ **Do you:**

Yes | No have fluoride in your 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 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**

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