

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:**

Yes | No always use a car seat? (5-point harness, rear-facing, in the backseat)      Yes | No have the poison control phone number available? (1-800-222-1222)

Yes | No know infant CPR and first aid? (www.cpr.heart.org and search CPR Anytime)      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 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:**

\_\_\_\_ Provider initials

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_