



Scan this code for age specific health information

Date:

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

No | Yes vision? No | Yes hearing?

★ **Does your child:**

No | Yes eat fast food more than once a week No | Yes get less than 1 hour of active play per day?

★ **Do you:**

Yes | No take your child to the dentist each year? Yes | No Know CPR & rescue maneuver for choking?

Yes | No brush your child's teeth every day? Yes | No put sunscreen on your child?

Yes | No always use a car seat? (5-point harness, in the backseat) Yes | No avoid foods that can cause your child to choke? (hot dogs, peanuts, popcorn, raw carrots, hard candy)

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

★ **Family Medical History**

No | Yes Have there been any changes to your family medical history? No | Yes Is there a family history of early heart disease? (under age 65 for women, age 55 for men)

No | Yes Does your child have a parent with total cholesterol over 240 mg/dL?

★ **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

