



Scan this code for age
specific health information

Date:

★ **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 always use a booster seat and seatbelt for your child? Yes | No always use a helmet for your child when they are on anything with wheels or skis/snowboard?
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 take your child to the dentist each year? Yes | No always supervise your child near water?

★ **Family Medical History**

No | Yes Have there been any changes to your family medical history?

★ **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