



Scan this code for age specific health information

Date:

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

No | Yes height/weight/eating? No | Yes sleeping? No | Yes vision or hearing? No | Yes screen time?

★ **Do you have any concerns about:**

No | Yes recent changes or stress (job change, move, divorce, illness)? No | Yes rules or discipline for your child?
 No | Yes any injury since the last visit? No injuries No | Yes use of alcohol/drugs by those caring for your child?
 No | Yes pre-school or kindergarten Not attending No | Yes conflict or violence that your child is exposed to?

★ **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 supervise your child near water?
 Yes | No have working smoke alarms and carbon monoxide detectors in your home? Yes | No always use a helmet for your child when they are on anything with wheels or skis/snowboard?
 Yes | No take your child to the dentist each year? Yes | No If you own a gun, is it locked, with bullets stored separately? No gun in home
 Yes | No have internet access to view health information from our website?

★ **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**

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