



Scan this code for age
specific health information

Date:

★ **Do you have any concerns about:**

No | Yes recent changes or stress (job change,
move, divorce, illness)?

No | Yes any injury since the last visit?

No | Yes how your child is doing in school?

No | Yes your child's friends?

No | Yes your child feeling safe at school, home, in your
neighborhood?

No | Yes your child being bullied?

No | Yes use of alcohol/drugs by those caring for your child?

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 exercise per day?

Do you:

Yes | No take your child to the dentist each year?

Yes | No make sure your child brushes their teeth
twice a day?

Yes | No always use a seatbelt for your child (with a
booster seat if needed) in the backseat?

Yes | No have working smoke alarms and carbon
monoxide detectors in your home?

Yes | No always supervise your child around water?

Yes | No consistently use sunscreen on your child?

Yes | No make sure your child uses a helmet when they are
on anything with wheels or skis/snow board?

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?

★ **Please continue to the
questions on Page 2**

Name: _____

Birthdate: _____

6 – 10 year Parent Questionnaire continued

★ 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