

Child's Name _____

Child's Birth Date _____

Please fill out the following questionnaire. It will allow the provider to focus on your main concerns during the visit, and allow more time for discussion.

Review of Nutrition

	Yes	No
Does she/he eat well-balanced diet, including fruits, vegetables, milk, and vitamins?	()	()
Does your child see a dentist twice a year?	()	()

Elimination

	Yes	No
Is your child stooling comfortably?	()	()
Is your child toilet trained during the day?	()	()

Sleep

	Yes	No
Is your child sleeping well?	()	()

Social Screening

	Yes	No
What are your current child-care arrangements?		
Does your child have a car seat (usually until 4 years old and 40-65 lbs, depending on the seat; then move on to booster seat)?	()	()
Is your home smoke-free? (choose "No" even if smoking is outside)	()	()
Do you read with your child 3 or more times per week?	()	()
Does your child get along well with other children?	()	()
Are you pleased with her/his behavior overall?	()	()
Enrolled (or planning to enroll) in preschool?	()	()
Was your home built after 1979?	()	()
Tuberculosis (TB) risk?		
1. Contact with person who has tuberculosis	()	()
2. Your child is immuno-suppressed (HIV, cancer, chronic steroids)	()	()
3. Birth or travel to endemic Tuberculosis areas (Africa, Asia, Latin America, Caribbean)	()	()
4. Regular contact with adults at high risk for TB (Homeless, Jailed, Illegal drug user, HIV positive person, migrant farm worker, nursing home resident)	()	()

Developmental Screening

	Yes	No
Seems to hear well?	()	()
Speech 75% understandable by a stranger?	()	()
Can say first and last name?	()	()
Speaks in 3-word sentences?	()	()
Uses plural words and pronouns?	()	()
Copies a drawing of a circle?	()	()
Walks up stairs alternating steps (1 foot down per step)?	()	()
Can pedal a tricycle at least 10 feet?	()	()

Has your child had any significant illnesses since the last time we saw you? If yes, please describe:

Are there any new stresses on your family since the last time we saw you? If yes, please describe:

Current concerns not listed above:
