

## HEALTH ASSESSMENT SCREENING QUESTIONNAIRE FOR 0-5 MONTHS

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

### Social/Environment

Home occupants (if multiple homes, list separately)

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Pets \_\_\_\_\_ Please check if changes in family setting since last exam \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Is your child exposed to tobacco products?

Yes \_\_\_ No \_\_\_ Does either parent smoke?

**Hearing:** Routine screening was done at birth and will be done yearly starting at age 4, unless done elsewhere.

Yes \_\_\_ No \_\_\_ Is there any family history of hearing impairment?

Yes \_\_\_ No \_\_\_ Any concern today regarding your child's hearing?

**Vision:** Routine screening will be done yearly starting at age 4, unless done elsewhere.

Yes \_\_\_ No \_\_\_ Any family history of eye problems other than near or farsightedness?

Yes \_\_\_ No \_\_\_ Any concerns today regarding your child's vision?

### Immunizations:

Yes \_\_\_ No \_\_\_ Has your child ever had a serious reaction to prior immunizations?

Yes \_\_\_ No \_\_\_ Are there any immunocompromised people (ex: on chemotherapy, HIV positive) around your child?

**Fluoride:** The need for any supplementation depends on the age of the child, the level of fluoride concentration in your water supply, and the amount of water in your child's diet. Municipal water supplies in this area are fluoridated. Well water in North Georgia and most bottled waters are not.

Yes \_\_\_ No \_\_\_ Is your water source fluoridated?

### Lead:

Yes \_\_\_ No \_\_\_ Does your child live in or often visit a house that may have been built before 1978?

Yes \_\_\_ No \_\_\_ Does your child live in or often visit a house that is being remodeled or is having paint removed?

Yes \_\_\_ No \_\_\_ Does your child live with or often visit another child that has an elevated blood lead level?

Yes \_\_\_ No \_\_\_ Does your child live with anyone that works at a job where lead may be found or has a hobby that uses lead?

Yes \_\_\_ No \_\_\_ Does your child chew on or eat non-food items like paint chips or dirt?

Yes \_\_\_ No \_\_\_ Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?

Yes \_\_\_ No \_\_\_ Does your child receive medicines such as *greta*, *azarcon*, *kohl*, *tamarind* or *pay-loo-ah*?

**Tuberculosis screening** While the vast majority of children in the U.S. have little or no risk of becoming infected with tuberculosis, a few children may be at increased risk and should have a tuberculin skin test done. Please answer the following questions to help us determine your child's risk factors.

Yes \_\_\_ No \_\_\_ Is the child in close contact to a person sick with active TB disease?

Yes \_\_\_ No \_\_\_ Does the child have or is at risk to have HIV?

Yes \_\_\_ No \_\_\_ Was the child or the child's parents born outside of the United States?

Yes \_\_\_ No \_\_\_ Is the child exposed to a person in jail or a person who has been in jail in the past five years?

Yes \_\_\_ No \_\_\_ Is the child exposed to a person who has HIV, who is homeless or who lives in a nursing home or another group home?

Yes \_\_\_ No \_\_\_ Is the child exposed to drug users or migrant farm workers?

Yes \_\_\_ No \_\_\_ Does the child have a health problem that lowers the immune system?

Yes \_\_\_ No \_\_\_ Has the child traveled to or had a visitor from any foreign country since the last visit?

### Vitamin D

Yes \_\_\_ No \_\_\_ Is your child exclusively breast fed?  
(May need Vitamin D supplement)

02/2009  
0-5 months

Reviewed: \_\_\_\_\_