

# HEALTH ASSESSMENT SCREENING QUESTIONNAIRE FOR 6-11 YEARS

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

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

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

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

## Social/Environment

Home occupants (if multiple homes, list separately)

---

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:

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

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

## Vision

Yes \_\_\_ No \_\_\_ Does your child wear glasses or contact lenses? Date last vision exam: \_\_\_\_\_

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?

**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?

**Cholesterol screening** may be recommended between the ages of 2-18 years if any of the following risk factors are present:

Yes \_\_\_ No \_\_\_ Is there any history of heart disease, heart attack, or surgery such as angioplasty or bypass, or stroke in a parent or grandparent when that person was less than 55 years old?

Yes \_\_\_ No \_\_\_ Does either parent have a high blood cholesterol level?

**Urinalysis:** This is a routine screening for signs of infection, kidney disease and diabetes. Screening is done once between ages 3 and 5 and at all adolescent check-ups.

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

## Guns

Yes \_\_\_ No \_\_\_ Do you have guns at your home?

Yes \_\_\_ No \_\_\_ If so, are they locked up and ammunition separately locked up?

**Sports Related Questions:** The following questions screen for risk factors for your child participating in sports:

Yes \_\_\_ No \_\_\_ Has your child ever felt dizzy or passed out during exercise?

Yes \_\_\_ No \_\_\_ Has your child had a concussion or ever been unconscious?

Yes \_\_\_ No \_\_\_ Does your child cough frequently or get unusually short of breath with exercise?

Yes \_\_\_ No \_\_\_ Has your child ever had chest pain during or after exercise?

Yes \_\_\_ No \_\_\_ Is there a family history of cardiomyopathy, long Q-T syndrome or Marfan's Syndrome?

Yes \_\_\_ No \_\_\_ Is there a family history of sudden, unexplained death?

Yes \_\_\_ No \_\_\_ Has your child had any serious broken bones or sprains?

02/2009

6-11 Years

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