

HEALTH ASSESSMENT SCREENING QUESTIONNAIRE FOR 6-9 MONTHS

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: 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 ___ 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?

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?

02/2009

Reviewed: _____