

**COMPLETE BOTH SIDES OF THIS SHEET, PLEASE.**

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

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

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

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

**HEALTH ASSESSMENT SCREENING QUESTIONNAIRE FOR 24 MONTHS**

**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?

Yes \_\_\_ No \_\_\_ Has your child had Chicken Pox?

**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 regularly visit a house or child care facility built before 1950?

Yes \_\_\_ No \_\_\_ Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been remodeled or renovated (within the last 6 months)?

Yes \_\_\_ No \_\_\_ Does your child have a sibling or playmate who has or did have lead poisoning?

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?

**PLEASE TURN PAGE OVER**

**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?

**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\_\_\_ Does the child live in a community that has a high risk for TB?

Yes\_\_\_No\_\_\_ Has the child traveled to or had a visitor from any foreign country since the last visit?

Yes\_\_\_No\_\_\_ Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss, or fatigue) or any abnormal chest x-ray?

11/2007  
24 months

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