

1 Month Old Questions

Name, Date of birth _____

Who is the baby here with today? _____

Illnesses, injuries, surgeries, hospitalizations since last visit? _____

GENERAL:

Medications: _____

Medication allergies: _____

Immunization reactions: _____

Maternal medications: _____

Is your child taking vitamins? (Circle what applies) Fluoride, Multi-vitamin, None

SOCIAL:

Changes in child's environment? _____

Who lives with the child in your home? # ___ Mom, # ___ Dad , # ___ Brother, # ___ Sister, _____ other

Water source: CITY, WELL, BOTTLED

Tobacco exposure: YES, NO

Pets? _____

Daycare: YES, NO

FEEDING:

BREASTFEEDING? YES, NO _____

FORMULA FEEDING? YES, NO _____

Problems spitting up? YES, NO _____

ELIMINATION: Any issues urinating or with bowel movements? _____

SLEEP: How many hours without waking through the night? _____

BEHAVIOR (circle what applies) No problems or not crying excessively, Occasionally fussy, Frequently fussy

DEVELOPMENT:

1 - Moves arms/legs equally well: YES, NO

2 - Responds to new sounds: YES, NO

3 - Regards face: YES, NO

4 - Vocalizes (besides crying): YES, NO

5 - Smiles socially: YES, NO

6 - Open hands: YES, NO

Any developmental concerns? _____

TB Questions

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

YES, NO, UNKNOWN

Has your child been in close contact with a person sick with active TB? YES, NO, UNKNOWN

Has your child been exposed to anyone who has been in jail or prison in the past 5 years? YES, NO, UNKNOWN

Was your child born outside of the U.S. or has your child traveled outside the U.S.? YES, NO, UNKNOWN

Does your child have a household member who was born outside the U.S. or who has traveled outside the U.S.? YES, NO, UNKNOWN

Has your child been exposed to any of the following?

HIV infected individuals? YES, NO, UNKNOWN

Homeless persons YES, NO, UNKNOWN

Users of IV and/or other street drugs? YES, NO, UNKNOWN

Residents of nursing homes or group home? YES, NO, UNKNOWN

Migrant workers? YES, NO, UNKNOWN

Does your child have HIV, or risk factors for HIV or any other health problem that could lower the immune system? YES, NO, UNKNOWN

Has your child ever been in jail? YES, NO, UNKNOWN

International Travel: Exposure to anyone who has traveled outside the United States in last 60 days: YES, NO,