

**8 Year Old Questions**      **Name, Date of birth** \_\_\_\_\_

Who is your child here with today? \_\_\_\_\_

**GENERAL:**

Illnesses, injuries, surgeries, hospitalizations since last visit? \_\_\_\_\_

Medications: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Vision concerns?: \_\_\_\_\_

Hearing concerns? \_\_\_\_\_

Active more than 60 minutes per day? \_\_\_\_\_

Screen time less than 2 hours per day? \_\_\_\_\_

**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? \_\_\_\_\_

Grade in school? \_\_\_\_\_ Doing well in school? YES, NO \_\_\_\_\_

**NUTRITION:** (circle one)    Healthy,                  Needs improvement \_\_\_\_\_

**GI/GU:** Any issues with urination? Bowel movements? Accidents? \_\_\_\_\_

**SLEEP:** Wakes up at \_\_\_\_\_ and goes to bed at \_\_\_\_\_

Any issues snoring? YES, NO

Any issues with sleep apnea (stops breathing?) YES, NO

**BEHAVIOR:**

Good social interactions? YES, NO

Teacher concerns? YES, NO \_\_\_\_\_

Problems with siblings? YES, NO

Good Cooperation? YES, NO

**SAFETY:**

Does your child wear a helmet when riding a bike? YES, NO

Does your child use a booster seat or a seatbelt? YES, NO

Does your child know how to use 911? YES, NO

Does your child know his/her phone number and address? YES, NO