

**9 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:** Healthy? Concerns? \_\_\_\_\_

**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 seat belt? YES, NO

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

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

**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,