

5 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: _____

Immunization reactions: _____

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? _____

Has your child seen a dentist? YES, NO

Is your child in (circle) Daycare, Preschool, what grade if in school? _____

Nutrition:

What kind of milk is your child drinking? _____

Good amount and variety of solid foods? YES, NO

Off the pacifier? YES, NO

Vitamins? YES, NO

ELIMINATION: Any issues with urination? Bowel movements? _____

Bedwetting: YES, NO, RARELY

Daytime accidents: YES, NO, RARELY

SLEEP:

How many hours sleeping each night without waking? _____

Any issues snoring? YES, NO

BEHAVIOR: Circle which apply: Tantrums, Shy, Aggressive, Disobedient

DEVELOPMENT:

1- Swings and climbs: YES, NO

2- Hops and does somersaults: YES, NO

3- Skips: YES, NO

4- Draws a man with 8 parts: YES, NO

5- Copies a triangle: YES, NO

6- Dresses self without help: YES, NO

7- Uses future tense: YES, NO

8- Counts to 10: YES, NO

9- Says six word sentences: YES, NO

10- Sings, dances and acts: YES, NO

11- Pleases friends: YES, NO

12- Distinguishes real from pretend: YES, NO

13- Writes first name: YES, NO

14- Identifies coins: YES, NO

15- Identifies right/left: YES, NO

16- Produces words that rhyme: YES, NO

Lead Questions:

Does your child live in or often visit a house that had 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 who has an elevated lead level? YES, NO

Does your child have a hobby that uses lead? YES, NO

Does your child chew on or non-food items like paint chips or dirt? YES, NO

Does the child live near an active lead smelter, battery recycling plant, or other industry likely to release lead? 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,