

**6 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: \_\_\_\_\_

Dental visits in the past year? \_\_\_\_\_

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

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

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

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

Good school performance ? \_\_\_\_\_

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

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

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

**SLEEP:**

How many hours sleeping each night? \_\_\_\_\_

Any issues snoring? YES, NO

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

**BEHAVIOR:**

Good social interactions? YES, NO

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

Problems with siblings? \_\_\_\_\_

Good cooperation? YES, NO

**SAFETY:**

Bicycle helmet: YES, NO

Uses a booster seat or seat belt? YES, NO

Understands 911 use? YES, NO

Knows phone number/address: YES, NO

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**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,