

Patient Name \_\_\_\_\_

Who accompanied child today?  
(name and relationship to child) \_\_\_\_\_  
\_\_\_\_\_

Who does child live with? \_\_\_\_\_

Any Chronic health problems? \_\_\_\_\_

Concerns about the above health problems? \_\_\_\_\_

New or recent health concerns? \_\_\_\_\_

**Feedings:**

Does your child:

Feed him/herself well? Yes No

Use a spoon or fork? Yes No

Drink from a cup with one hand? Yes No

Have any foods he/she cannot tolerate? Yes No

If yes, list: \_\_\_\_\_

Eat a variety of food? Yes No

If no, what does child eat? \_\_\_\_\_

Any concerns with stooling or urination? \_\_\_\_\_

Is your child showing interest in toilet  
training? Yes No

**Sleep pattern:**

Average hours of nighttime sleep: \_\_\_\_\_

Any nighttime awakenings? Yes No

Number of Naps? \_\_\_\_\_

***If you do not understand any of these questions, please ask your nurse.***

Please list current medications:

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Any allergies to medicine?

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**Does your baby:**

Walk up and down stairs holding onto support? (parent or stair rail)

Yes No

Jump up?

Yes No

Kick a ball forward?

Yes No

Throw a ball overhand?

Yes No

Scribble spontaneously?

Yes No

Stack 4-6 blocks?

Yes No

Enjoy imitating adults?

Yes No

Remove a piece of clothing?

Yes No

Attempt to put on clothing?

Yes No

**Tuberculosis Screening Questionnaire:**

Does your child have contact with adults with TB infection?

Yes No

Is child or parent are from region of world with high prevalence of TB?

Yes No

Is child frequently exposed to immunosuppressed persons, homeless people, nursing home residents, or migrant workers?

Yes No

Does either parent or other individual living in home work in a medically related field or have contact with institutionalized individuals or nursing home residents?

Yes No

**Cholesterol Risk Assessment Questionnaire:**

Parent or Grandparent with heart disease or stroke under the age of 55?

Yes No

Parent or Grandparent with elevated cholesterol >240?

Yes No

***If you do not understand any of these questions, please ask your nurse.***