



6-10 Year Pre-Visit Questionnaire

For us to provide you and your child with the best possible health care, we would like to know how things are going. Please answer all of the questions.

CHILD'S NAME: _____ DATE: _____

YOUR NAME: _____ RELATIONSHIP: _____

Do you have any concerns, questions or problems that you would like to discuss today? Please describe: _____

Does your child have any allergies? YES/NO If yes, please list: _____

Does your child take any medications? YES/NO If yes, please list: _____

Has your child ever seen any other health care providers? YES/NO If yes, please list: _____

Have there been any recent changes in your family?

- Death Move Other: _____
 Divorce Job change

DIET/NUTRITION

Does your child drink milk? YES/NO If yes, what kind and how much? _____

If no, what does your child drink? _____

Does your child eat a variety of foods including meats? YES/NO please list: _____

Review of Systems	Yes	No
Do you have concerns about how your child hears?		
Do you have concerns about how your child sees?		
Do you have concerns about your child is doing in school?		
Does your child have problems getting along with others?		
Does your child seem anxious, sad or angry?		

Risk Assessment	Yes	No
Does your child have parents or grandparents who have had a stroke or heart problem before age 55?		
Does your child have a parent with an elevated blood cholesterol or who is taking cholesterol medication?		
Does your child spend time with people who smoke?		
In the past year did you every worry that your food would run out before you got money to buy more?		

	Yes	No
Has a family member or contact had tb or had a + skin test?		
Was your child born in a country at high risk for tb (any country other than the US, Canada, Australia, New Zealand or Western Europe)?		
Has your child traveled to a country other than the US, Canada, Australia, New Zealand or Western Europe and stayed longer than a week?		
	Yes	No
Has your child seen a dentist in the past year?		
Are cavities a problem for you or for anyone in your family?		