6 Month to 3 Year Visit Questionnaire

Patient's Last Name:	First Name:	Birthdate:]	Foday's	Date:
General:			CIRC	CLE	*(If yes, explain below)
Do you have any specific concerns for toda	ay's visit?		No	Yes*	
Is your child taking any prescription medic			No	Yes*	
Are your child's vaccines covered by your			No	Yes	
Is your child seeing a specialist for any ong			No	Yes*	
Has your child been seen in a hospital ER	or treatment center since the la	ast visit here?	No	Yes*	
Does your child have any ongoing medical	problems or diagnosis? (If ye	es, please list on bottom.)	No	Yes*	
Family Medical:		· •			
Do the parents have any significant medica	al issues that we should be awa	are of?	No	Yes*	
Have there been any other significant fami	ly medical issues recently?		No	Yes*	
Social:					
Are the biological parents married?			No	Yes	
Are there any new stressful events, losses,	deaths, job changes, or social	issues of concern recently?	No	Yes*	
Are there any smokers in the household? (If yes, please indicate who)		No	Yes*	
Do you have any concerns regarding dome	estic abuse or child abuse in yo	our household?	No	Yes*	
Symptom Review:	-				
Has your child had any fever (over 100.4),	runny nose or significant cou	gh in the <u>last 3 days</u> ?	No	Yes*	
Do you have any concerns regarding your	child's sleep habits?		No	Yes*	
Do you have any concerns regarding your			No	Yes*	
Do you notice problems with eye muscle a	lignment, drifting, crossing or	laziness?	No	Yes*	
Does your child have ongoing eye redness	or discharge?		No	Yes*	
Do you have any concerns regarding your	child's hearing?		No	Yes*	
Is the child having any significant breathin	g problems that you are conce	erned about?	No	Yes*	
Has your child had episodes of vomiting re	ecently?		No	Yes*	
Do you have any concerns regarding your	child's stooling habits?		No	Yes*	
Do you have any concerns regarding the cl	nild's use of his/her legs or arr	ns?	No	Yes*	
Do you have any concerns regarding your	child's voiding/urinary habits?)	No	Yes*	
Does your child have any unusual rashes the			No	Yes*	
*Explain 'YES" Answers:					

Patient's Last Name: First Name: Today's Date: Age Birthdate: Zip Code: Today's Date: All children 6 years of ago ryounger met be walload exposure. All children 6 years of ago ryounger met be walload exposure. All children for seases of for risk of lead expounder met be walload exposure. All children 6 years of ago ryounger met be walload exposure. All children for seases of for risk of lead expounder and state of frage seases of frage seases. Today's Date: All children for seases of for risk of lead expounder and state of frage seases. Today's Date: All children for seases of the children for year at manual be walled. Today's Date: All children for years of the antiformed at 2.4. (2.6) years of the patient	ent's Last N						
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miplete the Childhood Lead Risk Questionnaire during a well-child or health care visit for children ages 12 and 24 sortises soft and and set agreed subsections to a link questions so that a questions and the questions and the average and the transfer and transfer and the t	A il children must be ass	STATE LAN I children 6 yeers of age or young essed for risk of lead exposure ar and kin	W REQUIRES: er must be evaluated for lead e nd tested If necessary for enrol idergarten.	xposure. Ilment int	o dayce	are, pre	aschool,
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Is this child aligble for or enrolled in Medicald, Ali Kids, Head Start, WIC, or any HFS medical programs shall have a program? ""-Ali Medicald-sligble children and children annoide in HFS medical programs shall have a blood lead test stall be performed. ""-Ali Medicald-sligble children and children annoide in the medical programs shall have a blood lead test stall be performed. "Test A months at a 72 months at 72 months of age has not been previously tested, a blood lead test stall be performed. "Poes this child have a sibling with a confirmed blood lead level of 5 µg/dL or higher? Yes No bliofing/home built before 1978? Is this child requently exposed to repairs, repainting, or renovation of a Yes No bliofing/home built before 1978? Yes this child arequently exposed to imported ltams, sludoor, or kumkum)? Poes this child arequently exposed to imported items, sindoor, or kumkum)? Does this child areaunity stated pottery, pidge construction, plumbing, furniture refinishing, work with recycling facility work? The coll is uption of a sytury of the child's mother a pest confirmed blood lead level of 5 µg/dL or higher? Yes No commetice, toys, glazed pottery, place on the food items, subles, lead fishing sinkers, or composite patiens, or recovering facility work? The coll is younger than 12 months of age, did the child's mother have a pest confirmed blood lead lead in to vorther fold by to Yes No lead level of 5 µg/dL or higher? Hit the child is younger than 12 months of age, did the child's mother have a pest confirmed blood lead level of 5 µg/dL or higher? Has the water in your home/residential building, child-care setting, school, or other regularly visited Yes No lead level of 5 µg/dL or higher? Has the water in your home/residential building, child-care setting, school, or other regularly visited Yes No lead level of 5 µg/dL or higher? Has the water in your home/residential building, child-care set	other facility built before (see reverse side of pag	regulariy visit a rumerresidemual out 1978 or in a high risk ZIP code area ie for high risk ZIP code area list)	иаид, спиа-саге зекилд, зслоот о ?				אסחארד הס
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