Pre-Visit Questionnaire Twelve, Thirteen, Fourteen Year Visits for Parent

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today? ______________________________

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Questions about your child.

	Question			
* Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	❑ Yes	❑ No	❑ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	❑ Yes	❑ No	❑ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	❑ Yes	❑ No	❑ Unsure
	Is your child infected with HIV?	❑ Yes	❑ No	❑ Unsure
* Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	❑ Yes	❑ No	❑ Unsure
	Does your child have a parent with high blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	❑ Yes	❑ No	❑ Unsure
Anemia	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	❑ Yes	❑ No	❑ Unsure
	Has your child ever been diagnosed with iron deficiency anemia?	❑ Yes	❑ No	❑ Unsure
	* FOR FEMALE PATIENTS: Is there a family history of blood clotting disorders?	❑ Yes	❑ No	❑ Unsure

Have any of your child's relatives developed new medical problems since your last visit?

❑ Yes ❑ No ❑ Unsure If yes, please explain: ______________________________

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Have there been any major changes in your family lately? ❑ No ❑ Yes

❑ *Move* ❑ *Separation* ❑ *Divorce* ❑ *Death in the family* ❑ *Job change* ❑ *Other* ____________

* Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ❑ Yes ❑ No

Does your child have any special health care needs? ❑ Yes ❑ No If yes, please explain: ____________

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* List your child's current medications and doses: Include any herbs, vitamins or supplements: ____________

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* What is the best way to contact you (please circle): home phone / cell phone / work phone: ____________

* Would you like to share your email address? ______________________________