



# Pre-Visit Questionnaire

## 4 Month Visit

What would you like to talk about today?

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

Questions about your baby.

Hearing Do you have concerns about how your child hears?  Yes  No  Unsure

Vision Do you have concerns about how your child sees?  Yes  No  Unsure

Anemia Is your child drinking anything other than breast milk or iron-fortified formula?  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: \_\_\_\_\_

Other than your baby's birth, have there been any major changes in your family lately?  No  Yes

Move  Separation  Divorce  Death in the family  Job change  Other \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things  Not at all  Several Days  More than half the days  Nearly every day

2. Feeling down, depressed, or hopeless  Not at all  Several Days  More than half the days  Nearly every day

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

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

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

\* Would you like to share your email address? \_\_\_\_\_