



Pre-Visit Questionnaire Six Year 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 child.

Have any of your child's relatives developed new medical problems since your last visit?
 Yes No Unsure If yes, please explain: _____

*** LEAD**
 Does your child have a sibling or playmate that has had lead poisoning? Yes No Unsure
 Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the last 6 months) renovated or remodeled? Yes No Unsure
 Does your child live in or regularly visit a house or child care facility built before 1950? Yes No Unsure

*** 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
*** 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 eat a strict vegetarian diet? Yes No Unsure
 If your child is a vegetarian, does your child take an iron supplement? Yes No Unsure
 Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? Yes No Unsure

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: _____

*** 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?** _____