



# Pre-Visit Questionnaire

## Eight 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: \_\_\_\_\_  
 \_\_\_\_\_

**\* 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 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?** \_\_\_\_\_