Pre-Visit Questionnaire
Nine 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? ______________________

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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: ______________________

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	Question	Yes	No	Unsure
Hearing	Do you have any concerns about how your child speaks?	❑ Yes	❑ No	❑ Unsure
	Do you have any concerns abouth how your child hears?	❑ Yes	❑ No	❑ Unsure
	Does your child have trouble hearing with a noisy background or over the telephone?	❑ Yes	❑ No	❑ Unsure
	Does your child have trouble following the conversation when 2 or more people are talking at the same time?	❑ Yes	❑ No	❑ Unsure
* Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries <u>other</u> 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
Anemia	Does your child eat a strict vegetarian diet?	❑ Yes	❑ No	❑ Unsure
	If your child is a vegetarian, does your child take an iron supplament?	❑ 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: ______________

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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? ______________________