



# ABC Pediatrics

## 5-6 Year Pre-visit Questionnaire

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Bathes: (daily) (every other day)

Interacts well with family? \_\_\_\_\_ Interacts well with friends? \_\_\_\_\_

### Diet

Balanced Diet? \_\_\_\_\_ Picky eater? \_\_\_\_\_ Cups of milk daily \_\_\_\_\_

Problems with constipation? \_\_\_\_\_ Bed wetting? \_\_\_\_\_

Type of water (bottled/well/city): \_\_\_\_\_ # of hours sleeping at ONE time \_\_\_\_\_

Is there any secondhand smoke exposure in your home or car? \_\_\_\_\_

Attends school@ \_\_\_\_\_ Grades are: Above Average Average Below Average

### **Developmental Milestones (check all that apply):**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Copies a shape                      | <input type="checkbox"/> Dresses themselves      | <input type="checkbox"/> Draws a person with 6 parts | <input type="checkbox"/> Hops on 1 foot                     |
| <input type="checkbox"/> Opposite Analogies                  | <input type="checkbox"/> Knows 4 colors          | <input type="checkbox"/> Ties shoelaces              | <input type="checkbox"/> Uses Scissors                      |
| <input type="checkbox"/> Comprehends tired, cold, and hungry | <input type="checkbox"/> Defines some words      | <input type="checkbox"/> Comprehends prepositions    | <input type="checkbox"/> Engages in role play               |
| <input type="checkbox"/> Interacts with peers                | <input type="checkbox"/> Picks longer of 3 lines | <input type="checkbox"/> Uses scissors               | <input type="checkbox"/> Understands and follows directions |

<b>TB Screen</b>	Has a family member or contact been diagnosed with TB?	YES	NO
	Was your child born in a country at high risk for TB?	YES	NO
	Has your child traveled to a country at high risk for TB?	YES	NO
<b>Lead Risk</b>	Does your child have a sibling or playmate that has had lead poisoning?	YES	NO
	Does your child live in or regularly visit a home built before 1978 that being renovated?	YES	NO
	Does your child live in or regularly visit a house or childcare facility built before 1950?	YES	NO

Are there any other concerns you would like to discuss? \_\_\_\_\_

\_\_\_\_\_

Wt \_\_\_\_\_ Ht \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ T \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_