



ABC Pediatrics

6-9 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? _____ # 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):

- Counts Coins
- Defines common objects in terms of use
- Likes to be around other kids similar age
- Engages in rough play
- Obeys 3 command succession
- Prints numbers 1-10
- Shares and cooperates
- Throws and catches
- Copies all shapes
- Draws a person with 6 parts
- Ties shoe laces
- Uses scissors
- Likes to help

TB Screen	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
Lead Risk	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 questions or concerns you would like to discuss?

Wt _____ Ht _____ BP _____ P _____ T _____ Vision _____ Hearing _____