



ABC Pediatrics

Six Month Pre-visit Questionnaire

Patient Name _____ Date _____

Bathes: (Daily) (Every other day)

Feeding Routine (circle): Breast feeding Bottle Feeding Both

Formula: _____ Ounces per feeding? _____ Every how many hours? _____

Solids: Cereals _____ Rice _____ Stage _____ baby foods Others _____

of stools Daily _____ # of voids Daily _____

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

Current Daycare: _____

Developmental Milestones (check all that apply)

- | | | | |
|--------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Babbles | <input type="checkbox"/> Laughs | <input type="checkbox"/> Feeds Self | <input type="checkbox"/> Sits Briefly |
| <input type="checkbox"/> Plays peek-a-boo | <input type="checkbox"/> Turns to voice | <input type="checkbox"/> Says mama/dada | <input type="checkbox"/> Stranger Anxiety |
| <input type="checkbox"/> Works to get toy out of reach | <input type="checkbox"/> Rakes at food and attains | <input type="checkbox"/> Passes things hand to hand | <input type="checkbox"/> No head Lag |
| <input type="checkbox"/> Bears weight on legs | <input type="checkbox"/> Looks for missing objects | <input type="checkbox"/> Shows pleasure interacting with others | <input type="checkbox"/> Plays by making sounds |
| | | | <input type="checkbox"/> Resists toy pull |

Any other questions or concerns you would like to discuss?

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

Weight _____ Temp _____ Height _____ Head Circumference _____