



ABC Pediatrics

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

Current Dentist: _____

Developmental Milestones (check all that apply):

<ul style="list-style-type: none"> Tells a story of 2 with a beginning, middle, and an end. 	<ul style="list-style-type: none"> Cuts most foods with a knife 	<ul style="list-style-type: none"> Starts/continues conversations with peers 	<ul style="list-style-type: none"> Writes first and last name uppercase/lowercase letters
<ul style="list-style-type: none"> Master all consonant sounds and combinations, such as d or ch 	<ul style="list-style-type: none"> Ties shoes 	<ul style="list-style-type: none"> Plays and interacts with at least one best friend 	<ul style="list-style-type: none"> Rides a standard bike
<ul style="list-style-type: none"> Counts 10 object 	<ul style="list-style-type: none"> Is dry day and night 	<ul style="list-style-type: none"> Draws a 12- part person 	<ul style="list-style-type: none"> Hops on one foot 3-4 times
<ul style="list-style-type: none"> Can do simple addition and subtraction with objects 	<ul style="list-style-type: none"> Chooses preferred foods 	<ul style="list-style-type: none"> Prints 3 or more simple words without copying 	<ul style="list-style-type: none"> Catches small ball with 2 hands

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 concerns you would like to discuss? _____

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