9-11 YEAR OLD

NAME _____
DATE _____

pediatrics NORTHWEST PS
Mary Bridge Children's
www.pedsnw.net

MEDICAL HISTORY

Select Has your child had any reactions to medications or immunizations?
Select Does your child take any medications (daily or as needed)?
Select Is your child currently taking any vitamins, supplements, "alternative medicines" or therapies?
Select Are there any major illnesses in the family? Which ones? _____
Select Is there any family history of sudden cardiac death or arrhythmias?
Select Does either biologic parent have elevated cholesterol or been prescribed a cholesterol medication?
Select Are there any major changes or stresses in the family (moves, deaths, separation, etc)?
Select Has your child ever been diagnosed with an immunodeficiency?
Select Has your child had any illnesses, hospitalizations, or surgeries that we are not already aware of?

NUTRITION

Select Does your child get at least 4-5 servings of fruits/vegetables each day?
Select Does your child get at least 2-3 servings of calcium each day? (milk, cheese, yogurt or calcium supplements)?
Select Does your child drink anything other than milk and water?
_____ How many times per week does your child eat fast food?

PREVENTIVE HEALTH

Select Has your child seen a dentist in the past 6 months?
Select Does your child always wear a seat belt?
Select Are there smoke alarms, fire extinguishers and carbon monoxide alarms in your home?
Select Have those alarms been checked in the past 12 months?
Select Does your child always use a helmet when riding a bike, skateboarding, or rollerblading?
Select If you own firearms, are they always locked up?
Select Does your child live with anyone who smokes?
Select Has your child had close contact with anyone who has tuberculosis (TB), or is at high risk for TB (anyone who has lived in a developing country, been institutionalized, homeless, IV drug user, HIV positive)?
_____ How many hours of recreational screen time per day (internet, mobile apps/games, video games, TV, movies, etc.)?
Select Does your child have a TV or internet in the bedroom?
Select Do you have any concerns about your child's sleep or sleep habits?

REVIEW OF SYSTEMS *(Does your child have any **CURRENT** problems with the following?)*

Select headaches, fainting, dizziness, any loss of consciousness, or history of concussion
Select eyes (crossing, poor vision, etc)
Select ears, hearing, nosebleeds, or snoring disrupting sleep
Select coughing, breathing, shortness of breath, wheezing, limited endurance, or chest pain.
Select frequent stomachaches, vomiting, diarrhea, constipation, or blood in the stools
Select urination (change in frequency, or blood in the urine)
Select coordination or extremities (feet, legs, arms, hands)
Select Has your child received blood, plasma, respigam, or gammaglobulin?

Please continue on the other side.

ACADEMIC

What school does your child attend? _____ What grade level? _____

Select Is your child scoring on or above grade level?

Select Does your child enjoy reading?

Select Is your child involved in extracurricular activities? Which ones? _____

Select Does your child receive any extra services, tutoring, PT, OT, speech therapy, etc

Select Does the school have any concerns about your child's academics or behavior?

Select Do you have any concerns about your child's academics or behavior?

VISION/ HEARING

Per recommendations by the American Academy of Pediatrics (AAP), our providers will routinely order a vision screen and a hearing screen unless your child had one within the past 12 months. These are separate charges in addition to the Well Child visit charge. A few insurance plans do not cover hearing and vision screenings. We strongly recommend that you review your insurance plans coverage prior to your appointment.

If your child has had a hearing or vision screen in the past 12 months, please indicate below:

Recent Hearing Screen Date _____ Recent Vision Screen Date _____

☐ I prefer that my child NOT receive a Hearing or Vision screen today. (Please select one or both) Both

CONCERNS

No Do you have any special concerns today?