PRINCETON NASSAU
PEDIATRICS

# *Pre-Visit Questio*nnaire - Age 1 to 30 months Well visit

**TO BE COMPLETED BY PARENT/GUARDIAN**

Do you have any concerns, questions, or problems that you would like to discuss today? ☐ none / or **provide details:**

List any medications, vitamins or supplements: ☐ none / or **provide details:**

Have there been any significant changes in the family or in the patient's medical history since the last well visit? ☐ none / or **provide details:**

**Development:**

Do you have any specific concerns about your child's development, learning, or behavior? ☐ no / or **provide details:**

Do you have any concerns about how your child sees? ☐ no / or **provide details:**

Do you have any concerns about how your child vocalizes or speaks? ☐ no / or **provide details:**

Do you have any concerns about how your child hears? ☐ no / or **provide details:**

**Oral Health:**

Does your child's water source contain fluoride? ☐ yes / ☐ no

Are significant cavities a problem for you or anyone else in your family? ☐ no / or **provide details:**

Does your child sleep with a bottle? ☐ no / ☐ yes

Does your child continuously breastfeed through the night? ☐ no / ☐ yes

**Tuberculosis Screening:**

Was this patient born in a country at high risk for Tuberculosis (countries other than the United States, Canada, Australia, New Zealand or Western Europe)? ☐ no / or **provide details:**

Has a family member or close contact had tuberculosis or a positive tuberculin skin test? ☐ no / or **provide details:**

Is this patient infected with HIV? ☐ no / or **provide details:**

**Allergy History:**

After starting solid foods, has your child been introduced to a full range of potentially highly allergenic foods including peanut and egg? ☐ yes / ☐ no / ☐ not applicable

Does this patient have any life threatening allergies, if yes to what and what are the known reactions? ☐ no / or **provide details:**

If this patient has allergies, has an epinephrine auto injector ever been recommended? ☐ yes / ☐ no / ☐ not applicable
If yes, is your prescription up do date? ☐ yes / or **provide details:**