



Pre-Visit Questionnaire - Age 3 to 10 year old 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:**

General Screening:

Do you have any significant concerns about your child's attention/focus, mood/irritability or that they worry too much? no / or **provide details:**

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

Has your child ever failed a school vision test? no / or **provide details:**

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

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

Does your child routinely see a dentist? yes / no

Is your child a strict vegetarian? no / yes

Does your child's diet include iron-rich foods such as meat, eggs, iron fortified cereals, or beans? yes / no

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:**

Cardiac Screening:

Does this patient have parents or grandparents who have had a stroke or heart problem before age **55** or unexplained sudden death before age **35**? no / or **provide details:**

Does this patient have a parent with an elevated blood cholesterol (240mg/dl or higher) or who is taking cholesterol medication?
 no / or **provide details:**

Allergy History:

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:**