

**PEDIATRIC HEALTH
ASSESSMENT FORM
6 TO 10 YEARS**

CHILD'S NAME: _____ AGE: _____ DATE: _____

ALL MEDICATIONS: _____ ALLERGIES: _____

ALL MEDICAL PROBLEMS? _____

PRESENT CONCERNS/PROBLEMS: _____

ACCOMPANIED BY: _____ RELATIONSHIP: _____

DAILY LIVING: (FILLED OUT BY PARENT OR GUARDIAN)

DIET: circle which type MILK- whole, 2%, 1%, SKIM (HOW MANY GLASSES OR OUNCES/DAY) _____

DAIRY OTHER THAN MILK (Like yogurt) servings per day _____

MEALS (SERVINGS/DAY) CEREAL/BREAD/GRAIN _____ FRUIT _____ VEGS _____ MEAT/PROTEIN _____

JUICES(CUPS/DAY) _____ WHAT OTHER DRINKS _____ CUPS/DAY _____

SNACKS(TIMES/DAY) _____ EXAMPLES OF SNACKS _____

Circle which ones VITAMINS/FLUORIDE/IRON NO YES

ANY ACCESS TO WEAPONS? NO YES

ANY SIBLING RIVALRY? NO YES

ANY STRESSFUL SITUATIONS IN THE HOUSEHOLD? describe briefly below NO YES

DO PARENTS OR CAREGIVERS EVER SMOKE? NO YES

ANY EXPOSURE TO ANYONE WITH TB OR WITH HIGH RISK (BORN OR LIVED

OUTSIDE THE UNITED STATES, HOMELESS, INCARCERATED, HIV/DRUG USE)? NO YES

ANY RELATIVES WITH HEART DISEASE OR HIGH CHOLESTEROL BEFORE AGE 55? NO YES

IS BOOSTER SEAT OR SEAT BELT USED ALL THE TIME? NO YES

HAVE SMOKE ALARMS? NO YES

TOILET HABITS (DRY AT NIGHT? (NO/YES) SOILS PANTS OR ACCIDENTS DURING DAY? (NO/ YES)

CONSTIPATION OR HARD STOOLS? (NO/YES) HAS A BOWEL MOVEMENT EVERYDAY? (NO/YES)

ANY CONCERNS ABOUT VISION OR HEARING? _____

DESCRIBE ANY PERSONALITY OR BEHAVIOR PROBLEMS: _____

DESCRIBE DAY CARE/ AFTER SCHOOL ACTIVITIES: _____

WHAT SPORTS DOES YOUR CHILD PLAY? _____

HOURS OF EXERCISE OR PHYSICAL ACTIVITY PER DAY? _____

HAS HOUSEHOLD CHORES? Y/N IF YES WHAT? _____ HAVE ALLOWANCES? Y/N

HOURS OF TV, VIDEO OR COMPUTER PER DAY? _____

HOW MANY FRIENDS DOES YOUR CHILD HAVE? _____

WHEN WAS THE LAST DENTAL EXAM? _____

SLEEPS IN OWN BED.....Y/N. HOURS OF SLEEP AT NIGHT _____

SCHOOL: WHAT GRADE IS CHILD IN? _____ WHAT GRADES DOES CHILD GET IN SCHOOL? _____

ANY PROBLEMS AT SCHOOL? YES/NO IF YES DESCRIBE _____

TIME SPENT PER DAY ON HOMEWORK AND READING AT HOME? (HOURS/DAY) _____

WHO LIVES AT HOME? _____