



Health Questionnaire

15 to 18 Months Old

Imprint area

This information is confidential. It will not be shared with anyone. It helps your pediatrician choose the best topics to discuss with you at this visit.

Date: _____

Safety

- Do you place your child in a car seat in the back seat for every ride? Yes No
- Do you keep plastic bags, balloons, peanuts, and other small objects out of reach? . . . Yes No
- Do you watch your child at all times (near driveways, streets, and in parking lots)? . Yes No
- Do you have window locks/guards (to keep windows from opening more than 6 inches) on all windows above the first floor? Yes No
- Do you place gates at the top and bottom of stairs? Yes No
- Has your child ever witnessed or been a victim of abuse or violence? No Yes

Preventing poisoning

- Do you keep cleaning and laundry products and medicines out of reach, in locked cabinets? Yes No
- Do you have the Poison Control Center phone number near your phone? Yes No
- Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been *recently* renovated? No Yes

Health

- Do you know what to do if your child is choking? Yes No
- Do you brush your child's teeth every day? Yes No
- Do you put your child to bed with a bottle? No Yes
- Do your child's eyes sometimes cross? No Yes
- Does your child spend time in a home with anyone who smokes? No Yes
- Does your child receive medical care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)? No Yes

Fire safety

- Do you have working smoke or fire detectors in your house ? Yes No
- Do you have a plan for escape from your house if there is an earthquake or fire? . Yes No

Preventing drowning

- Do you watch your child at all times when you are around water (pools, spas, ponds, beaches, bathtubs)? Yes No
- Do you have a swimming pool, hot tub, spa, or fish pond in your yard? No Yes

Is there anything you would like to discuss today? _____

Parent signature: _____



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