



# Health Questionnaire

## 2 to 3 Years 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. Thanks!

Date:

### SAFETY

- Do you place your child in a car seat in the back seat for every ride?  Yes  No
- Do you keep cleaning and laundry products and medicines out of reach, in locked cabinets?  Yes  No
- Do you know what to do if your child is choking?  Yes  No
- Do you watch your child at all times when you are around water? (pools, spas, ponds, beach, bathtubs)  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
- Has your child ever witnessed or been a victim of abuse or violence?  No  Yes

### HEALTH

- Do you brush your child's teeth every day?  Yes  No
- Has your child had chicken pox or had the chicken pox vaccine?  Yes  No
- 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 health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?  No  Yes

### PREVENTING LEAD POISONING

- 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
- Is your child or family on Medi-Cal or receiving government assistance (WIC, CHDP)?  No  Yes

### PREVENTING TUBERCULOSIS (TB)

- Has anyone who lives in your house, or a babysitter or housecleaner ever had a positive TB skin test or active TB?  No  Yes
  - Have you or anyone who lives in your house recently traveled outside the U.S. to a developing country (Central or South America, Asia, or Africa)?  No  Yes
  - Has your child ever received BCG (a TB vaccine sometimes given in foreign countries)?  No  Yes
  - Has your family ever lived in a homeless shelter?  No  Yes
  - Was your child or another household member born outside the U.S.?  No  Yes
  - Has your child lived outside the U.S. for more than one month?  No  Yes
- Is there anything you would like to discuss today? .....

Parent Signature: .....

