Are you concerned about your child's....
1. Nutrition or eating habits? YES NO
2. Bowel movements? YES NO
3. Frequent infections? YES NO
4. Skin color or rashes? YES NO
5. Interest in toilet training? YES NO
6. Discipline? YES NO
7. Communication? YES NO
8. Sleep habits? YES NO
9. Development? YES NO

Does your child.....
1. Imitate adults? YES NO
2. Pretend play? YES NO
3. Play alongside other children? YES NO
4. Refer to self as "I" or "me"? YES NO
5. Established attachment to a transitional object? (teddy bear, etc) YES NO
6. Have a vocabulary of 50 words? YES NO
7. Use 2 word phrases? YES NO
8. Ask a parent to read a book? YES NO
9. Follow a 2-step command? YES NO
10. Name one picture, such as cat, dog, bird, horse, man? YES NO
11. Complete sentences and rhymes in familiar books? YES NO
12. Respond to "where is _____?" by pointing to a picture in a book. YES NO
13. Stack 5 or 6 objects? YES NO
14. Imitate horizontal and circular strokes with a crayon? YES NO
15. Turn pages in a book one at a time? YES NO
16. Throw a ball overhand? YES NO
17. Kick a ball? YES NO
18. Jump up? YES NO
19. Walk up and down stairs one step at a time? YES NO
20. Have exposure to a gun in the house? YES NO If so, locked? YES NO
21. Live in a smoke free environment? YES NO
22. Live in a house with poisons and toxic household chemicals out of reach? YES NO
23. Sit in a car seat, restrained? If so, facing ...... Front or Rear? YES NO

LEAD Screen (Pb)
1. Does your child live in or regularly visit a house built before 1950? YES NO
2. Does your child live in or visit a house built before 1978 with recent remodeling or renovation? (with in 6 months) YES NO
3. Have a sibling or playmate who now or did have lead poisoning? YES NO

over
Tuberculosis Screen (TB)

1. Has a family member or contact had tuberculosis disease? YES NO
2. Has a family member had a positive TB test? YES NO
3. Was your child born outside the US, Canada, Australia, New Zealand or Western Europe? YES NO
4. Has your child traveled to a high risk country for more than 1 week? YES NO

Do you have any other concerns you wish to discuss? YES NO

Office use only

WT HT HC BMI % tile BP