

COOKEVILLE PEDIATRIC ASSOCIATES, P.C.

5 YEAR CHECKUP QUESTIONNAIRE

PATIENT: _____ GUARANTOR: _____

DOB: ___/___/___ DATE: ___/___/___

Source of information: (check one)
Mother _____
Father _____
Other (specify) _____

Which of the following do you have? (check one)
City water _____ Well water _____ Bottled water _____ Spring water _____

Has the child experienced any of the following?
Hearing loss: Yes _____ No _____
Evidence of hearing loss: Yes _____ No _____
Difficulty in speech: Yes _____ No _____
Eyesight problems: Yes _____ No _____
Family history of high cholesterol: Yes _____ No _____
Family history of heart attacks before age 55: Yes _____ No _____

NUTRITION: WIC services? Yes _____ No _____
DIETARY HISTORY: Milk type and amount _____
Juice amount _____
Fruit _____
Vegetables _____
Meats _____

PROBLEMS: Constipation? Yes _____ No _____
If yes, describe: _____
Sleep problems? Yes _____ No _____
If yes, describe: _____

DEVELOPMENTAL:
Draws person with head, body, arms and legs Yes _____ No _____
Recognizes letters of the alphabet Yes _____ No _____
5-year milestones: copies a triangle or square Yes _____ No _____
Skips Yes _____ No _____
Dresses without help Yes _____ No _____
Can print letters of alphabet Yes _____ No _____
Plays make-believe Yes _____ No _____
Plays interactive games with peers Yes _____ No _____
Learns address/phone number Yes _____ No _____
Delayed developmental milestones Yes _____ No _____

Pediatric Symptom Checklist 17 (PSC-17)

Child's Name: _____ Date of Birth: _____

Filled out by: _____ Today's Date: _____

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child. **Please mark under the heading that best describes your child:**

	Never	Sometimes	Often
◆ Fidgety, unable to sit still	0	1	2
■ Feels sad, unhappy	0	1	2
◆ Daydreams too much	0	1	2
● Refuses to share	0	1	2
● Does not understand other people's feelings	0	1	2
■ Feels hopeless	0	1	2
◆ Has trouble concentrating	0	1	2
● Fights with other children	0	1	2
■ Is down on him or herself	0	1	2
● Blames others for his or her troubles	0	1	2
■ Seems to have less fun	0	1	2
● Does not listen to rules	0	1	2
◆ Acts as if driven by a motor	0	1	2
● Teases others	0	1	2
■ Worries a lot	0	1	2
● Takes things that do not belong to him or her	0	1	2
◆ Distracted easily	0	1	2
Total ◆ _____ Total ● _____	◆ + ● + ■ = _____		
Total ■ _____			

*The tool above is reprinted with permission of Michael Jellinek, MD, & J. Michael Murphy, EdD. This 17-item version was developed by W. Gardner & K. Kelleher.

Risk Assessment Questionnaire

Patient's Name _____ DOB ____/____/____

Assessment Date ____/____/____

Lead (ages 6 – 72 months): Mandatory questions

Yes No Unsure

Does the child live in or regularly visit a house/apartment built before 1950? This could include a daycare center, home of a baby sitter, or a relative.)			
Does the child live in or regularly visit a house/apartment built before 1978 with recent or ongoing remodeling?			
Does the child have a sibling or a playmate that has, or did have lead poisoning?			

Lead (ages 6 – 72 months): Optional questions

Yes No Unsure

Does child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction, or pottery making?			
Does your child frequently come in contact with an adult who works with lead (construction, welding, pottery, etc.)			
Have you ever been told that your child has low iron?			
Does your child live in or regularly visit a house(or daycare facility) built before 1960?			
Does your family use pottery ware or lead crystal for cooking, eating or drinking?			
Has child been seen eating paint chips, crayons, or soil/dirt?			
Is child given any home or folk remedies that may contain lead (may include moonshine Azarcon, Greta, Payloohah)?			
Does your home's plumbing have lead pipes or copper pipes with lead solder joints?			

Please note: Lead level laboratory tests are mandatory at 12 and 24 months.

Tuberculosis (Initiate @ one- year)

Yes No Unsure

Has child been in close contact with a person with infectious tuberculosis?			
Does child have HIV infection or considered at risk for HIV infection?			
Is child foreign born (especially if born in Asia, Africa or Latin America), a refugee, or an immigrant?			
Is child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users, or migrant farm workers?			
Does child have a depressed immune system, either because of disease or treatment of disease?			
Does child live in an established "high risk for tuberculosis" community or area?			

Cholesterol (Initiate @ two- years)

Yes No Unsure

Does child have risk factors for future coronary disease such as physical inactivity, obesity, or Diabetes Mellitus?			
Is there a family history (parents and grandparents) of coronary or peripheral vascular disease below age 55?			
Is there a family history (parents and grandparents) of elevated blood cholesterol?			



Bright Futures Parent Handout

5 and 6 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

Healthy Teeth

- Help your child brush his teeth twice a day.
 - After breakfast
 - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss her teeth once a day.
- Your child should visit the dentist at least twice a year.

ORAL HEALTH

Ready for School

- Take your child to see the school and meet the teacher.
- Read books with your child about starting school.
- Talk to your child about school.
- Make sure your child is in a safe place after school with an adult.
- Talk with your child every day about things he liked, any worries, and if anyone is being mean to him.
- Talk to us about your concerns.

SCHOOL READINESS

Your Child and Family

- Give your child chores to do and expect them to be done.
- Have family routines.
- Hug and praise your child.
- Teach your child what is right and what is wrong.
- Help your child to do things for herself.
- Children learn better from discipline than they do from punishment.
- Help your child deal with anger.
 - Teach your child to walk away when angry or go somewhere else to play.

MENTAL HEALTH

Staying Healthy

- Eat breakfast.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Limit candy, soft drinks, and high-fat foods.
- Offer 5 servings of vegetables and fruits at meals and for snacks every day.
- Limit TV time to 2 hours a day.
- Do not have a TV in your child's bedroom.
- Make sure your child is active for 1 hour or more daily.

NUTRITION AND PHYSICAL ACTIVITY

Safety

- Your child should always ride in the back seat and use a car safety seat or booster seat.
- Teach your child to swim.
- Watch your child around water.
- Use sunscreen when outside.
- Provide a good-fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Have a working smoke alarm on each floor of your house and a fire escape plan.
- Install a carbon monoxide detector in a hallway near every sleeping area.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Teach your child how to cross the street safely. Children are not ready to cross the street alone until age 10 or older.
- Teach your child about bus safety.
- Teach your child about how to be safe with other adults.
 - No one should ask for a secret to be kept from parents.
 - No one should ask to see private parts.
 - No adult should ask for help with his private parts.

SAFETY

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



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