

Patient Name: _____ D.O.B.: _____ Today's Date: _____

Safety Information	
Are there any firearms in the home?	YES _____ NO _____
Does the child wear a bike helmet?	YES _____ NO _____
Does the child know how to swim?	YES _____ NO _____
Does the home have smoke detectors?	YES _____ NO _____
Is the home child proofed?	YES _____ NO _____
Does the child ride in an age appropriate restraint in the car?	YES _____ NO _____
Does anyone in the home smoke?	YES _____ NO _____
Does the home have city or well water?	CITY _____ WELL _____
Tuberculosis	
Was the child born in the United States? If no, which country?	YES _____ NO _____ COUNTRY _____
Has the child traveled outside the United States within the last year? If yes, where?	YES _____ COUNTRY _____ NO _____
Has a household member traveled outside of the United States with in the last year? If yes, where?	YES _____ COUNTRY _____ NO _____
Has the child had close contact with a person with known or suspected tuberculosis?	YES _____ NO _____
Does the child have close contact with a person who has a positive tuberculosis skin test?	YES _____ NO _____
Does the child spend time with a person who has been in prison or a shelter, uses illegal drugs, has HIV, or is an alcoholic?	YES _____ NO _____
Does the child drink raw milk or eat unpasteurized cheese?	YES _____ NO _____
Has the child had close contact with a resident of a long-term care facility?	YES _____ NO _____
Is the child medically underserved or low income?	YES _____ NO _____
Lead Exposure Risk Assessment	
Does the child live in an area with a high lead level?	YES _____ NO _____ UNKNOWN _____
Does the child live or visit a home built before 1950 with chipping paint or with recent or current renovation?	YES _____ NO _____ UNKNOWN _____
Is there close contact with a person with elevated lead level?	YES _____ NO _____ UNKNOWN _____
Does the child live near lead industry or heavy traffic?	YES _____ NO _____
Does the child live with a person whose job or hobby involves lead exposure?	YES _____ NO _____
Is there lead-based pottery in the home?	YES _____ NO _____
Does anyone in the household take traditional remedies with lead?	YES _____ NO _____