5-6 Year Health Maintenance Form

Patient Name _____

Who accompanied child today?
(name and relationship to child) _____

_____

Who does child live with? _____

Any Chronic health problems? _____

Concerns about the above health problems? _____

New or recent health concerns? _____

Does your child currently attend Preschool Kindergarten 1st grade
(circle one if applicable)

Any developmental concerns? _____

_____

Any concerns with child's diet? _____

Does your child take vitamins? Yes No

Does your child or any household member drink water from a private well? Yes No
(consider vacation homes, relative's or friend's home, daycare or school)

Medications:
Please list current medications: _____

_____

_____

Any allergies to medicine? _____

_____

Turn Over Please

If you do not understand any of these questions, please ask your nurse.

Does your child:

Balance on one foot, hop and skip?	Yes	No
Use a pencil with good control?	Yes	No
Draw a person with a at least 6 body parts?	Yes	No
Print some letters and numbers?	Yes	No
Copy squares and triangles?	Yes	No
Tell a simple story using full sentences?	Yes	No
Use appropriate tenses and pronouns? (ie:"She came to my house" not "her went to my house")	Yes	No
Count to 10	Yes	No
Name at least 4 colors?	Yes	No
Follow simple directions, listen, pay attention?	Yes	No
Dress and undress with minimal help?	Yes	No

Tuberculosis Screening Questionnaire:

Does your child have contact with adults with TB infection?

Yes No

Is child or parent from a region of the world with a high prevalence of TB?

Yes No

Is child frequently exposed to immunosuppressed persons, homeless people, nursing home residents, or migrant workers?

Yes No

Does either parent or other individual living in home work in a medically related field or have contact with institutionalized individuals or nursing home residents?

Yes No

Cholesterol Risk Assessment Questionnaire:

Parent or Grandparent with heart disease or stroke under the age of 55?	Yes	No
Parent or Grandparent with elevated cholesterol >240?	Yes	No

If you do not understand any of these questions, please ask your nurse.