



Risk Assessment 6 Year

Where Babies go to Grow

Any relatives developed new medical problems since your last visit?	No	Yes	Unknown	Comment
Have any members of the family or your child’s playmates had high blood lead level	No	Yes	Unknown	Comment
Does child live/visit house built before 1978 that is currently being renovated?	No	Yes	Unknown	Comment
Does child live/visit a house/apartment/building built before 1950?	No	Yes	Unknown	Comment
Born in country outside of the United States	No	Yes	Unknown	Comment
Traveled or had contact with high TB risk populations longer than a week	No	Yes	Unknown	Comment
Family member or contact had tuberculosis or positive TB skin test.	No	Yes	Unknown	Comment
Is the child HIV infected	No	Yes	Unknown	Comment
Parent or Grandparents have stroke or heart problems before age 55	No	Yes	Comment	
Parent has elevated cholesterol >240mg/dl or is taking cholesterol medication	No	Yes	Comment	
Diet included iron-rich foods such as meat, eggs, iron fortified cereal, or beans	Yes	No	Comment	
Does child go to school	Yes	No	Comment	
Concerns about child doing well in school	No	Yes	Comment	
Does child do simple chores around house	Yes	No	Comment	
Does child get along with his/her friends	Yes	No	Comment	
Does child eat breakfast everyday	Yes	No	Comment	
Does child have at least 3 servings of low fat milk, cheese, or yogurt per day	Yes	No	Comment	

Patient Name _____

Date of Birth _____

Do you limit foods like candy, soft drinks, salty snacks & fast foods	Yes	No	Comment
Concerns about child's weight	No	Yes	Concerns
Does child brush teeth twice per day	Yes	No	Comment
Does child see dentist at least twice a year	Yes	No	Comment
Primary water source contain fluoride	Yes	No	Comment
Always uses safety/booster seat in back seat of car or any vehicle	Yes	No	Comment

Knows street safety such as looking both ways and knows to never cross without a grown up	Yes	No	Comment
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Wears helmet/protective gear when biking, skating, skiing, or snowboarding	Yes	Sometimes	No	Comment
Does child know how to swim and knows to only swims when when an adult is watching	Yes	No	Comment	
Do you put sunscreen on child before he/she goes outside	Yes	No	Comment	

Have a gun at home or any home child spends time	No	Yes	Comment
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If so, are guns unloaded and locked away	Yes	No	N/A
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Does anyone smoke around child	No	Yes	Comment
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Servings of fruits & vegetables each day	More than 4 per day	3-4 per day	1-2 per day	0-1 per day
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Eats out each week	0-1 time per week	1-2 times per week	3-4 times per week	More than 4 times per week
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Activity level	More than 60 Minutes per day	30-60 minutes/day	Less than 30 minutes per day	Not very often
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Sweet drinks per day	Not very often	1 per day	2per day	More than 3 per day
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Watches TV or spends time on computer or video games	Not very often	30-60 Minutes/day	1-2 hours per day	More than 2 hours per day
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Have you thought about trying a new healthy habit for your family or child	Not at all	Just thinking about it	We've tried to make changes	We've been making healthy choices
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DEVELOPMENT 6 YEARS

Listens well and follows simple instructions	Yes	No	Comment
Names at least 4 colors	Yes	No	Comment
Balances on one foot	Yes	No	Comment
Draws a person with 6 body parts	Yes	No	Comment
Counts to 10	Yes	No	Comment
Copies squares, triangles	Yes	No	Comment
Can tell a story in full sentences	Yes	No	Comment
Writes some letters and numbers	Yes	No	Comment
Hops, skips, climbs	Yes	No	Comment
Ties a knot	Yes	No	Comment