



Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

## Where Babies go to Grow

## Risk Assessment 7 Year

Any relatives developed new medical problems since your last visit?	No	Yes	Unknown	Comment
Concerns about how child sees	No	Yes	Concerns	
Does your child squint	No	Yes	Comment	
Concerns about how child hears	No	Yes	Comment	
Concerns about how child speaks	No	Yes	Comment	
Born in country outside of the United States	No	Yes	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
Diet included iron-rich foods such as meat, eggs, iron fortified cereal, or beans	Yes	No	Comment	
Does child eat strict vegetarian diet?	No	Yes	Comment	
Does child like school	Yes	No	Comment	
Is child involved with school activities	Yes	No	Comment	
Does child get into fights on playground or elsewhere	No	Yes	Comment	
Do you talk to child about what happens when he/she breaks the rules	Yes	No	Comment	
Do you feel comfortable answering questions about child's changing body	Yes	No	Comment	
Does child have at least 3 servings of low fat milk, cheese, or yogurt per day	Yes	No	Comment	
Do you limit foods like candy, soft drinks, salty snacks and fast food	Yes	No	Comment	
Do you eat meals together as a family at least once a week	Yes	No	Comment	

Does child eat breakfast every day	Yes	No	Comment	
Does child brush teeth twice per day	Yes	No	Comment	
Does child see dentist at least twice a year	Yes	No	Comment	
Does child know to dial 911 in an emergency	Yes	No	Comment	
Taught child that it is not ok for adult to ask to keep secrets from parents	Yes	No	Comment	
Taught child that it is not ok for an older child or adult to ask to see his/her privates	Yes	No	Comment	
Always uses safety or booster seat in the back seat of car or all vehicles	Yes	No	Comment	
Wears helmet/protective gear when biking, skating, skiing, or snowboarding	Yes	Sometimes	No	
Do you put sunscreen on child before he/she goes out	Yes	No	Comment	
Does anyone smoke around child	No	Yes	Comment	
Home and car are smoke-free environment	Yes	No	Comment	
Servings of fruits & vegetables each day	More than 4 per day	3-4 per day	1-2 per day	0-1 per day
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
Activity level	More than 60 minutes per day	30-60 minutes/day	Less than 30 minutes per day	Not very often
Sweet drinks per day	Not very often	1 per day	2per day	More than 3 per day
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
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

**DEVELOPMENT-7 YEARS**

Gets along with family	Yes	No	Comments
Is doing well in school	Yes	No	Comments
Participates in after-school activity	Yes	No	Comments
Does chores when asked	Yes	No	Comments