

**6-10 years**

**Does the child have any medical problems?**

yes  no If yes, please

list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has the child had any surgeries?**  yes  no

If yes, please list type

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there a family history of illness or disease? Immediate family only.**  yes  no

If yes, please list

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Who lives in the home with the child?**

\_\_\_\_\_

\_\_\_\_\_

**Does anyone in the home smoke?**  yes

no

**Is the child taking any medications on a daily basis?**  yes  no If yes, please list all

medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is the child allergic to any medication?**

yes  no If so, what?

\_\_\_\_\_

**Is the child in school?**

public

private

chartered

home school

**What grade is child in?** \_\_\_\_\_

A's  B's  C's  D's  failing

Any concerns with school?  yes  no

**Any caffeine use?**  yes  no

**Does the child exercise?**  yes  no

**Teeth:**

Good  Fair  Poor

**Has the child seen a dentist in the last 6 months?**  yes  no

**Self esteem:**

high  low

**Body Image:**

Positive  Negative

**Sleep:**

no problems

has problems

**Any problem wetting the bed or pants?**

yes  no

**Elimination:**

regular

irregular

Constipation

Diarrhea

**Alcohol/ Tobacco/Drug/Firearms**

Any alcohol use?  yes  no

Any tobacco use?  yes  no

Any drug use?  yes  no

Any guns in the home?  yes  no

## 6-10 years

Please check all the boxes that apply

- Excessive sun exposure?  yes  no  
Does child wear a seatbelt?  yes  no  
Any concerns with hearing?  yes  no  
Any concerns with vision?  yes  no  
Any problems since last visit?  yes  no  
ER visits?  yes  no

### Diet:

Soda/Sugar beverages/juice:

- Less than 1 glass a day  
 2 or more glasses a day

### Food Reactions:

- yes  no

### Dairy Source:

- whole milk  
 2% milk  
 1% milk  
 Other: \_\_\_\_\_

### Daily Amount:

- Less than 3 servings a day  
 More than 3 servings a day

### Caregiver Relationships:

- good with mother  
 poor with mother  
 mother not involved  
 good with father  
 poor with father  
 father not involved  
 currently in foster care  
 good with caretaker  
 poor with caretaker

### Relationship with siblings:

- good  
 fair  
 poor  
 only child

### Activities/Spots:

- football  
 basketball  
 baseball  
 soccer  
 swimming  
 afterschool activated? \_\_\_\_\_

### TV/Computer/Video:

- more than 2 hours a day  
 less than 2 hours a day  
 has a computer at home  
 has video games at home  
 content monitored  
 content not monitored

### Friends:

- many friends  
 few friends  
 no friends  
 someone to talk to with issues  
 positive role model

### Diet:

- lots of junk food  
 fast food more than twice a week  
 vegetables  
 fruits  
 breakfast and lunch at school  
 Dinner with the family

### Sleep:

- less than 8 hours/night  
 8 hours/night  
 more than 8 hours/night