DAKOTA PEDIATRIC CLINIC

Health Supervision: 9-10 Years

Patient Name:______________________________________ **Date:** ____________________________

To provide good preventative health care for your child, we would like to you answer these questions. It will help us focus on areas of possible concern. Your responses will be respected and kept confidential. Please feel free to add information or comments.

1. What questions or concerns do you have today?

2. Have there been any unexpected stresses, or family changes since your last visit?
   List:
3. How is your child doing in school? Top Middle Bottom
4. How is his/her school attendance?
5. Do you feel comfortable with your children's friends? Y N
6. Has your child seen the dentist in the past year? Y N
7. Do you always enforce the use of seat belts? Y N
8. Do you have smoke and carbon monoxide alarms in your house? Y N
9. Does your child use sunscreen? Y N
10. Does your child have any sleeping problems? Y N
11. Does he have any learning problems? Y N
12. Does your child have a TV, VCR, game machine or computer in his/her room? Y N
13. Does your child spend more than 2 hours a day with TV, video games, or computer? Y N
14. What physical activity is your child involved in?
15. Do you think you or your child needs help with discipline? Y N
16. Has your child had any injuries since the last visit? Y N
17. Has your child ever lost consciousness or had a concussion? Y N
18. Does anyone in your home smoke? Y N
19. Does your child eat:

Fruits	rarely	sometimes	daily
Vegetables	rarely	sometimes	daily
Meats	rarely	sometimes	daily
Dairy	rarely	sometimes	daily
Milk	Y N	How many oz's each day?__________	

OVER

20. Does your child know how to handle his/her stress, anger, frustration? Y N
21. Do you enforce the use of helmets for bikes, scooters, ATV, snowmobile, and rollerblades? Y N
22. Does your child go to before and after school daycare? Y N
23. If there is a gun in your home, is the gun locked up? Y N
24. Is the ammunition stored separately? Y N
25. Have you counseled your child about safety rules regarding guns at other homes? Y N
26. Does your child know how to swim? Y N
27. Have you ever been worried that someone was going to hurt your child? Y N
28. Does anyone in your family have a problem using drugs or alcohol? Y N

Additional comments or questions

Family History: Are you aware of any family members with the following history?
Please indicate which family members.

Y	N	Abuse/violence
Y	N	Allergy/asthma
Y	N	Attention deficit
Y	N	Arthritis
Y	N	Cancer
Y	N	Stroke
Y	N	Chemical dependency
Y	N	Diabetes
Y	N	Depression
Y	N	Drinking problem or alcoholism

Y	N	Drug addiction
Y	N	Elevated cholesterol
Y	N	High blood pressure
Y	N	Heart disease
Y	N	Kidney disease
Y	N	Learning problems
Y	N	Migraine headaches
Y	N	Obesity
Y	N	Seizures
Y	N	Other:

Parent/Guardian:________________________________

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Child's Name____ Date______________

Pediatric Symptom Checklist - Ages 6-10

Please mark under the heading that best fits your child:

	Never	Sometimes	Often
1. Complains of aches/pains	☐	☐	☐
2. Spends more time alone	☐	☐	☐
3. Tires easily, little energy	☐	☐	☐
4. Fidgety, unable to sit still	☐	☐	☐
5. Has trouble with a teacher	☐	☐	☐
6. Less interested in school	☐	☐	☐
7. Acts as if driven by a motor	☐	☐	☐
8. Daydreams too much	☐	☐	☐
9. Distracted easily	☐	☐	☐
10. Is afraid of new situations	☐	☐	☐
11. Feels sad, unhappy	☐	☐	☐
12. Is irritable, angry	☐	☐	☐
13. Feels hopeless	☐	☐	☐
14. Has trouble concentrating	☐	☐	☐
15. Less interest in friends	☐	☐	☐
16. Fights with others	☐	☐	☐
17. Absent from school	☐	☐	☐
18. School grades dropping	☐	☐	☐
19. Is down on him or herself	☐	☐	☐
20. Visits doctor with doctor finding nothing wrong	☐	☐	☐
21. Has trouble sleeping	☐	☐	☐
22. Worries a lot	☐	☐	☐
23. Wants to be with you more than before	☐	☐	☐
24. Feels he or she is bad	☐	☐	☐
25. Takes unnecessary risks	☐	☐	☐
26. Gets hurt frequently	☐	☐	☐
27. Seems to be having less fun	☐	☐	☐
28. Acts younger than children his or her age	☐	☐	☐
29. Does not listen to rules	☐	☐	☐
30. Does not show feelings	☐	☐	☐
31. Does not understand other people's feelings	☐	☐	☐
32. Teases others	☐	☐	☐
33. Blames others for his or her troubles	☐	☐	☐
34. Takes thing that do not belong to him or her	☐	☐	☐
35. Refuses to share	☐	☐	☐

Other comments:

Person filling out form:____