Health Maintenance Questionnaire

9-10 YEARS

Today's Date:

PATIENT NAME: Birth Date:

Age today: Grade:

PARENTS: School:

REASON FOR THIS CHECK UP: ☐School ☐Sports ☐Camp ☐Routine check-up ☐Other:

PARENTS' CONCERNS

List concerns you have: 1.
2.
3.
4.
5.

Please check any body areas that concern you:

☐Head	☐Heart	☐Bones	☐Hormones
☐Eyes	☐Lungs	☐Joints	☐Blood
☐Ears	☐Intestines	☐Muscles	☐Glands
☐Nose	☐Kidneys	☐Brain	☐Immunity
☐Mouth	☐Genitals	☐Nerves	
☐Throat	☐Skin	☐Mental Health	

Answer the questions below by checking YES or NO. Explain "YES" answers in the space below.

HISTORY	Yes	No
Does your child have a recurrent medical or psychological problem?	☐	☐
List medications taken routinely: ☐none		
Has s/he ever had: a serious illness or stayed overnight in a hospital?	☐	☐
an operation?	☐	☐
Has s/he seen a doctor outside of this clinic for any reason?	☐	☐
Does s/he need to stop play and rest more than other kids his/her age?	☐	☐
Has your child ever been told not to participate in a sport?	☐	☐
Has s/he ever had one of these or other serious injuries? ☐fracture ☐dislocation ☐sprain ☐knee injury ☐knocked out ☐memory loss	☐	☐
Has s/he ever been dizzy or blacked out during or after exercise?	☐	☐
Does your child have allergies: ☐hay fever ☐asthma ☐hives ☐foods ☐medicine:	☐	☐
Are there any smokers in your child's home or daycare? ☐outside ☐other room	☐	☐
Is there a family history of: ☐diabetes ☐high cholesterol ☐heart disease ☐obesity ☐sudden cardiac death	☐	☐
How many servings a day does your child eat: Juice: Pop: Fruit: Veg: Meat: Milk: Milk products:		
Has it been more than 1 year since your child's last dental check-up?	☐	☐
Do you have concerns about your child's vision or hearing?	☐	☐
Gardasil vaccine is recommended starting at age 9 for boys and girls to prevent cancer from HPV. **Kids age 14 and younger need only 2 doses. Older kids need 3 doses.**		
Do you or your child have questions about pubertal development?	☐	☐
GIRLS only: Has your daughter had a period yet?	☐	☐
If yes, when was her first period? Most recent period? How many periods in total?		

Irregular periods are common during the first 2 years.
Clear/white discharge is normal during the year before the first period.

- Avoid 2nd hand smoke.
- Dental check up.

Explain questions answered with "yes." Give approximate dates.
1.
2.
3.

PHYSICAL EXAM

Ht____ Wt____ HC____ VS:_____

EXAM:

Vision / Hearing

☐With glasses
Nr: L ___/____ R___/____
Far: L___/____ R___/____

500 1000 2000 4000
L
R

Lab/Immunizations

ASSESSMENT

PLAN

PLEASE COMPLETE OTHER SIDE OF FORM 11/18

Patient Name: **Birth Date:**

Child Guidance: age 9 to 10

Who does your child live with?
What activities is s/he involved in?
What does s/he like to do for fun?
Note if there are any specific learning or behavior problems:
What kind of grades does your child get? ☐Excellent ☐Good ☐Fair ☐Poor ☐Failing

BEHAVIOR and DEVELOPMENT	Yes	No
Does your child enjoy reading for pleasure?	☐	☐
Does s/he take good care of his/her belongings?	☐	☐
Does s/he show concern about rules and fairness?	☐	☐
Does your child make and keep friends easily?	☐	☐
Does s/he watch less than 2 hours of TV, videos, computer or video games each day?	☐	☐
Does your child have assigned chores to do around the house?	☐	☐
Do you **compliment** his/her good behavior more than you **correct** bad behavior?	☐	☐
Is your child given adequate privacy?	☐	☐
Do you thing s/he appears to be HAPPY more often than SAD?	☐	☐
Do you think s/he communicates openly with you?	☐	☐
Do you feel your child has positive adult role models?	☐	☐

SAFETY	Yes	No
Have you discussed "stranger safety" and "inappropriate touching" with your child?	☐	☐
Is your child learning how to swim?	☐	☐
Do you have smoke detectors and a fire escape plan?	☐	☐
Are any guns in your home locked up with bullets stored separately? ☐No guns in home	☐	☐
Does s/he wear a helmet when riding a bike?	☐	☐
Does your child always ride in the back seat of your vehicle?	☐	☐
Does s/he always wear a seat belt?	☐	☐

Which of the following restraint systems does your child use in your vehicle?
☐Forward facing car seat (built-in straps) ☐Lap/shoulder seat belt alone
☐Built-in safety seat ☐Lap/shoulder seat belt positioning booster seat ☐Other:

2019 Nebraska Car Safety Seat Law:

1. Kids under age 8 must ride in a child safety seat, regardless of weight.
   NOTE: Use a car seat with a built-in harness for as long as your child fits in it, based on the upper weight or height limit allowed by the car seat's manufacturer. Then move to and **remain in a belt-positioning booster seat until at least age 8, and thereafter until the vehicle's seat belt fits properly.** A seat belt alone typically fits when a kid reaches 4 feet 9 inches tall and is 8–12 years old. (See questions to the right).
2. By law, all kids under age 8 must ride in the back seat, as long as there is a back seat with a seatbelt which is not already occupied by other children under age 8.
   For safety, it is recommended that all kids under age 13 ride in the back seat.
3. Kids age 8–18 must ride secured in a seat belt or child safety seat (booster seat).
4. The above applies to childcare providers transporting children.
5. Kids under age 18 cannot ride in cargo areas.

Violation carries a $25 fine plus court costs and 1 point is taken from the driving record.

Is your child ready to ride safely without a booster seat and use JUST a seat belt?

Yes	No	
☐	☐	Do they sit all the way back against the auto seat?
☐	☐	Do their knees bend comfortably at the edge of the auto seat?
☐	☐	Does the belt cross the shoulder between the neck and arm?
☐	☐	Is the lap belt as low as possible, touching the thighs?
☐	☐	Can they stay seated like this for the whole trip?

If your answers are "NO," your child needs a booster seat, regardless of age.

TUBERCULOSIS (TB) RISK	Yes	No
Has your child been around anyone with contagious TB or a positive PPD test?	☐	☐
Has your child had contact with people from Asia, Middle East, Africa or Latin America?	☐	☐
Is anyone living in your house infected with HIV?	☐	☐
Has your child been exposed to any of the following people: homeless, nursing home residents, institutionalized people, jail / prison inmates, users of illicit drugs, migrant farm workers.	☐	☐
Does your child have cancer, diabetes, kidney failure, HIV, poor nutrition or is immunosuppressed?	☐	☐

TB Risk: High
Low

Who answered the above questions? *Thank you for helping us help you and your child!!* *11/18*