

Child's name: _____ Today's date: _____

Date of birth: _____ Birth weight: _____ lbs _____ oz Birth length: _____ inches

Gender: Male Female Born early? No Yes # of weeks early: _____

Please answer these questions about your child.

1. Please describe your child's health.

2. What has your dentist said about your child's dental health?

3. How do you feel about your child's growth?

4. Does your child have any health problems or medical conditions?

Yes (please describe) _____

No

5. Is your child taking any medicine now?

Yes (please list) _____

No

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6. Are your child's shots up to date?
 Yes No Unknown
7. Does anyone living in your household smoke inside the home?
 Yes No
8. During your pregnancy were you (the baby's mom) on WIC?
 Yes No
9. During your pregnancy did you (the baby's mom) drink alcohol or use any drugs?
 Yes No