ANDREW RADER US ARMY CLINIC
PEDIATRIC CLINIC

18 Month Visit Bright Futures Medical Screening Questionnaire

Please answer the following questions about your child's health by circling Y, N, or Unsure.

1. Do you have concerns about how your child hears?
   ◯ Yes ◯ No ◯ Unsure
2. Do you have concerns about how your child speaks?
   ◯ Yes ◯ No ◯ Unsure
3. Do you have concerns about how your child sees?
   ◯ Yes ◯ No ◯ Unsure
4. Does your child hold objects close when trying to focus?
   ◯ Yes ◯ No ◯ Unsure
5. Do your child's eyes appear unusual or seem to cross, drift, or be lazy?
   ◯ Yes ◯ No ◯ Unsure
6. Do your child's eyelids droop or does one eyelid tend to close?
   ◯ Yes ◯ No ◯ Unsure
7. Have your child's eyes ever been injured?
   ◯ Yes ◯ No ◯ Unsure
8. Does your child have a sibling or playmate who has or had lead poisoning?
   ◯ Yes ◯ No ◯ Unsure
9. Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the last 6 months) renovated or remodeled?
   ◯ Yes ◯ No ◯ Unsure
10. Does your child live in or regularly visit a house or child care facility built before 1950?
    ◯ Yes ◯ No ◯ Unsure
11. Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?
    ◯ Yes ◯ No ◯ Unsure
12. Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?
    ◯ Yes ◯ No ◯ Unsure
13. Has a family member or contact had tuberculosis or a positive tuberculin skin test?
    ◯ Yes ◯ No ◯ Unsure
14. Is your child infected with HIV?
    ◯ Yes ◯ No ◯ Unsure
15. Do you ever struggle to put food on the table?
    ◯ Yes ◯ No ◯ Unsure
16. Does your child's diet include iron rich foods such as meat, eggs, iron
    ◯ Yes ◯ No ◯ Unsure
17. Does your child have a dentist?
    ◯ Yes ◯ No ◯ Unsure
18. Does your child's primary water source contain fluoride?
    ◯ Yes ◯ No ◯ Unsure

DATE	PATIENT'S NAME	AGE	DOB	SPONSOR'S SS#