ANDREW RADER US ARMY CLINIC
PEDIATRIC CLINIC

4 Month Visit Bright Future 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 sees?
   ◯ Yes ◯ No ◯ Unsure
3. Is your child drinking anything other than breast milk or iron-fortified formula?
   ◯ Yes ◯ No ◯ Unsure

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