



Initial Child Visit (1-6 years)

Visitor _____

Sig. Issues Present Now:	
<p><u>Environment/ Safety</u></p> <p>(A) Homeless/ Transient (B) Abuse/ Neglect (C) Current DCS involvement (D) Unsafe environment (E) Unstable housing (utilities) (F) Lack of transportation (G) Lack of child car seat (H) Other (I) No Environment/ Safety Sig. Issue</p>	<p><u>Substance Use (Tobacco, Alcohol, Drugs)</u></p> <p>(A) Current caregiver use (B) Use in household (C) Exposure to Secondhand Smoke (D) Other (E) No Substance Use Sig. Issue</p> <p><u>Family Planning/ Birth Spacing</u></p> <p>(A) More than 2 children under 3 years of age (B) Other (C) No Family Planning Sig. Issue</p>
<p><u>Health - Child</u></p> <p>(A) Failure to Thrive (B) Child has special health needs (C) Behind on Immunizations (D) Behind on Well Child medical care (E) Other (F) No Physical Health-Child Sig. Issue</p>	<p><u>Mental Health/ Development</u></p> <p>(A) Mentally challenged client (B) Care giver with diagnosed mental illness (C) Suspected or identified developmental delay (D) Other (E) No Mental Health/ Development Sig. Issue</p>
<p><u>Nutrition</u></p> <p>(A) Food Insecurity (B) Breastfeeding Problems (C) Other (D) No Nutrition Sig. Issue</p>	<p><u>Family Strengths/ Psychosocial</u></p> <p>(A) No income or inadequate income (family) (B) Mother education less than 12 years (C) Maternal age under 17 years (D) Lack of father involvement (E) Other (F) No Family Strength Sig. Issue</p>

ENVIRONMENT/ SAFETY

Car seat?	(Y) Yes	(N) No
	(X) <i>Don't Know/ Not Sure</i>	(R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>
How often ride in car seat?	(A) Always (B) Often (C) Sometimes (D) Rarely (E) Never	
	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	

HEALTH

Medical home identified?	(Y) Yes	(N) No
	(X) <i>Don't Know/ Not Sure</i> (R) <i>Refuse to Answer</i> (Z) <i>Did not ask</i>	
Medical home:		
Child disease?	(A) Autism (F) Food or digestive allergy (K) None of the Above	
	(B) Diabetes (G) Eczema or any kind of skin allergy (X) <i>Don't Know/ Not Sure</i>	
	(C) Asthma (H) Sickle Cell Anemia (R) <i>Refuse to Answer</i>	
	(D) Respiratory allergy (I) Hearing or Speech Deficit (Z) <i>Did not ask</i>	
	(E) Cystic Fibrosis (J) Other	

IMMUNIZATIONS: (FROM MEDICAL RECORD)

13 Months: 3 DTap, 3 Hep B, 3 IPV, at least 2 Hib, 1 MMR, 1 Var	(A) Met (U) <i>Records Unavailable</i> (B) Unmet (X) <i>Don't Know/ Not Sure</i> (C) Parent Refusal to Vaccinate Child (R) <i>Refuse to Answer</i> (W) Not Applicable (Z) <i>Did not ask</i>
24 Months: 4 DTap, 3 Hep B, 3 IPV, at least 2 Hib, 1 MMR, 1 Var	(A) Met (U) <i>Records Unavailable</i> (B) Unmet (X) <i>Don't Know/ Not Sure</i> (C) Parent Refusal to Vaccinate Child (R) <i>Refuse to Answer</i> (W) Not Applicable (Z) <i>Did not ask</i>

VISION SCREEN: (FROM MEDICAL RECORD)

3 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
4 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
5 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask

HEARING SCREEN: (FROM MEDICAL RECORD)

3 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
4 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask
5 year	(A) Normal (B) Abnormal	(C) Not Done (D) Deferred	(W) Not Applicable (U) Records Unavailable	(X) Don't Know/ Not Sure	(R) Refuse to Answer (Z) Did not ask

DENTAL VISITS

1 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
2 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
3 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
4 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask
5 year	(A) Seen (B) Not Seen	(W) Not Applicable (U) Records Unavailable	(R) Refuse to Answer (Z) Did not ask

SUBSTANCE USE

About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?	(A) None (B) Less than 1 hour (C) 1-12 hours (D) 13-24 hours	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
---	---	---

DEVELOPMENT

Do you have any concerns about your child's learning, development, or behavior?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
Have you been told by a medical provider that your child has a developmental delay?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask