

## 7-8 Year Well Child

**Name of Child:** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

**Is your child's general health OK?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Has your child had any recent illnesses?

No Yes \_\_\_\_\_

Has your child had any recent injuries?

No Yes \_\_\_\_\_

Do you have any concerns about your child's eating habits?

No Yes \_\_\_\_\_

**Does your child exercise regularly?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Are your child's stool and urine habits OK?

Yes No \_\_\_\_\_

Do you have any concerns with your child's sleeping?

No Yes \_\_\_\_\_

Do you feel your child has good friendships?

Yes No \_\_\_\_\_

**Has your family situation remained stable?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Does your family home have city water?

Yes No \_\_\_\_\_

Is your child in a totally smoke-free environment?

Yes No \_\_\_\_\_

### **Development:**

**Have you reviewed your child's report card or IEP if they have one?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have any concerns about your child's Schoolwork, behavior or discipline?

No Yes \_\_\_\_\_  
No Yes \_\_\_\_\_

Is your child at grade level in reading?

Yes No \_\_\_\_\_

Is your child at grade level in math?

Yes No \_\_\_\_\_

Is your child getting any extra help in school? (special classes)

No Yes \_\_\_\_\_

**Is your child proud of their personal achievements?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do teachers have positive or negative feedback about your child's school performance?

Yes No \_\_\_\_\_

Does your child have a best friend?

Yes No \_\_\_\_\_

Is your child involved in hobbies and/or sports?

Yes No \_\_\_\_\_

*Has your child seen a dentist?* Yes No \_\_\_\_\_

*Are you aware of and try to implement 5-3-2-1-0 in your family?* Yes No \_\_\_\_\_

*Does your child watch more than 2 hrs/day of screen time?* No Yes \_\_\_\_\_

*Do you have any other concerns?* No Yes \_\_\_\_\_