



# Well Child Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Do you have any concerns about your child today?  Yes  No

When was last well exam (age)? \_\_\_\_\_ Has your child seen a dentist?  Yes  No

Do you vaccinate your child?  Yes  No Are the vaccinations up to date?  Yes  No

Does your child see any specialists?  Yes  No

Doctor \_\_\_\_\_

Condition seen for \_\_\_\_\_

### Social/Environmental History

Parents (circle): married, separated, living together

Who lives with the child: \_\_\_\_\_

Do parents work outside of the home?  Yes  No

School Attended and Grade: \_\_\_\_\_

Daycare/MDO: \_\_\_\_\_

Problems and home or school:  Yes  No \_\_\_\_\_

Where does the child sleep? \_\_\_\_\_ Does your child sleep well?  Yes  No

Does your child use a car/booster seat?  Yes  No Smokers in/out of the home?  Yes  No

Is your house childproofed?  Yes  No Guns in the home?  Yes  No

Is child in sports/school activities?  Yes  No \_\_\_\_\_

Problems going to the restroom?  Yes  No \_\_\_\_\_

### Feeding/Diet: (circle all that apply)

#### Infants/Toddlers:

Breast/Bottle

Table food/Gerber \_\_\_\_\_ jars per day

Formula/Cow's Milk/Other \_\_\_\_\_ oz per day

#### Children/Teens

Healthy diet

Little junk Food

Mostly junk Food

### Patient Tobacco History ( older than 13 years old)

Never smoker  Yes  No

Current smoker  Yes  No

Former smoker  Yes  No

### Menstrual Cycle

Has started period  Yes  No

Has monthly period  Yes  No

Age of first period: \_\_\_\_\_ Years

Last menstrual period \_\_\_\_\_

## Questions About Your Child and Tuberculosis (TB)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Name \_\_\_\_\_

Today's Date \_\_\_\_\_

We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB.

TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

Check the box that matches your answer:	Yes	No	Do Not Know
1. Has your child been tested for TB? If yes, when? Please tell us the date    /    /			
2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date    /    /			
3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood.			
a. Has your child been around anyone with any of these problems?			
b. Has your child been around anyone sick with TB?			
c. Has your child ever had any of these problems or do they have them now?			
4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia?			
5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? Which country or countries did your child visit?			
6. Do you know if your child has spent more than 3 weeks with anyone who:			
Uses needles for drug use?			
Has AIDS?			
Was or is in jail or prison?			
Has just come to the United States from another country?			

### FOR THE PROVIDER:

If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.

If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.

If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes \_\_\_ No \_\_\_

I yes, Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ TST reaction \_\_\_\_\_mm

TST provider \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

If chest x-ray done, date \_\_\_/\_\_\_/\_\_\_ and results \_\_\_\_\_

Provider phone number (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to local/regional health department/specialist? Yes \_\_\_ No \_\_\_

If yes, name of health dept./specialist \_\_\_\_\_

Contact your local or regional health department if assistance is needed.

# Lead Risk Questionnaire

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes or Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date \_\_\_\_\_

## Questions

	Yes or Don't Know	No
1. Does your child live in or visit a home, day-care or other building built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child eat or chew on non-food things like paint chips or dirt?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a family member or friend who has or did have an elevated blood lead level?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child a newly arrived refugee or foreign adoptee?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Examples</i></p> <ul style="list-style-type: none"> <li>• House construction or repair</li> <li>• Battery manufacturing or repair</li> <li>• Burning lead-painted wood</li> <li>• Automotive repair shop or junk yard</li> <li>• Going to a firing range or reloading bullets</li> <li>• Chemical preparation</li> <li>• Valve and pipe fittings</li> <li>• Brass/copper foundry</li> <li>• Refinishing furniture</li> <li>• Making fishing weights</li> <li>• Radiator repair</li> <li>• Pottery making</li> <li>• Lead smelting</li> <li>• Welding</li> </ul>		
7. Does your family use products from other countries such as pottery, health remedies, spices, or food?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Examples</i></p> <ul style="list-style-type: none"> <li>• Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda</li> <li>• Cosmetics such as kohl, surma, and sindor</li> <li>• Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins.</li> <li>• Foods canned or packaged outside the U.S.</li> </ul>		

**Test Immediately**



## Texas Vaccines for Children (TVFC) Program

### Patient Eligibility Screening Record

A record of all children 18 years of age or younger who receive immunizations through the Texas Vaccines for Children (TVFC) Program must be kept in the health care provider's office for a minimum of five (5) years. The record may be completed by the parent, guardian, individual of record, or by the health care provider. TVFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure eligibility status for the program. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccines under the TVFC Program.

1. Child's Name: \_\_\_\_\_  

Last Name
First Name
MI
2. Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  

MM
DD
YYYY
3. Parent, Guardian, or Individual of Record: \_\_\_\_\_  

Last Name
First Name
MI
4. Primary Provider's Name: \_\_\_\_\_  

Last Name
First Name
MI
5. To determine if a child (0 through 18 years of age) is eligible to receive federal vaccine through the TVFC Program, at each immunization encounter or visit, enter the date and mark the appropriate eligibility category. If Column A - F is marked, the child is eligible for the TVFC Program. If column G is marked the child is not eligible for federal VFC vaccine.

Date	Eligible for VFC Vaccine				State Eligible		Not Eligible
	A	B	C	D	E	F	G
	Medicaid Enrolled	No Health Insurance	American Indian or Alaskan Native	* Underinsured served by FQHC, RHC, or deputized provider	** Other underinsured	*** Enrolled in CHIP	Has health insurance that covers vaccines

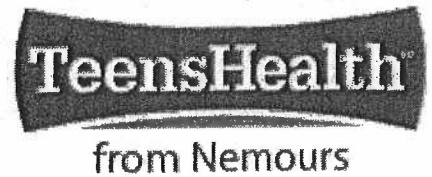
*\* Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC or an RHC and the state, local, or territorial immunization program in order to vaccinate underinsured children.*

*\*\* Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the TVFC Program because the provider or facility is not an FQHC or an RHC, or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-TVFC-eligible children.*

*\*\*\* Children enrolled in the State of Texas Children's Health Insurance Program (CHIP). An agreement between the DSHS Immunization Unit and CHIP stipulates that vaccines for eligible CHIP enrollees are purchased through the federal contract.*

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## Testicular Exams

Medical exams, whether they're for school, a sport, or camp, are usually pretty straightforward. Many parts of the exam make sense to most guys: The scale is used to weigh you, the stethoscope is used to listen to your heartbeat.

But why does the doctor need to touch and feel your testicles? Isn't there a better, less embarrassing way to check things out?

When you are healthy and going for a physical exam, the doctor is interested in finding out specific things about your body and your health. He or she will check your height and weight, take your temperature, and take your blood pressure. The doctor will listen to your heart and lungs and will probably examine your eyes, ears, nose, and throat, and may also test your reflexes by tapping your knees and ankles. For all these parts of the exam, the doctor relies on tools and equipment to get the information that's needed.

However, for other parts of your body, the doctor's sense of touch and training are the key to knowing how things should feel. During the physical, the doctor will touch your belly to feel for any problems with your liver or spleen. He or she may also feel the lymph nodes in your neck, armpits, and groin to detect if there is any swelling, which can indicate an infection or other problem.

And your doctor will also need to feel your testicles and the area around them to be sure they're developing properly and there are no problems. Two possible problems that can affect teen guys are hernias and — rarely — testicular cancer.

### **Hernias**

A hernia can occur when a part of the intestine pushes out from the abdomen and into the groin or scrotum (the sac of skin that the testicles hang in). Some people believe that this can only happen when a person lifts something heavy, but usually this isn't the case. Most hernias occur because of a weakness in the abdominal wall that the person was born with. If a piece of intestine becomes trapped in the scrotum, it can cut off the blood supply to the intestine and cause serious problems if the situation isn't quickly corrected.

A doctor is able to feel for a hernia by using his or her fingers to examine the area around the groin and testicles. The doctor may ask you to cough while pressing on or feeling the area. Sometimes, the hernia causes a bulge that the doctor can detect; if this happens, surgery almost always repairs the hernia completely.

## Testicular Cancer

Although testicular cancer is unusual in teen guys (it occurs in 3 out of 100,000 guys between the ages of 15 and 19 in the United States), it is the second most common cancer seen during the teen years. It is the most common cancer in guys 20 to 34 years of age.

It's very important for your doctor to examine your testicles at least once a year. When doing so, your doctor will grasp one testicle at a time, rolling it gently between his or her thumb and first finger to feel for lumps and also checking whether the testicle is hardened or enlarged.

The doctor also will explain how to do testicular self-exams. Learning how to examine yourself at least once a month for any lumps or bumps on your testicles is very important. A tumor (growth or bump) on the testicles could be cancer. Knowing how your testicles feel when they're healthy will help you know when something feels different and possibly abnormal down there.

Noticing any new testicular lumps or bumps as soon as possible gives the best chances for survival and total cure if it turns out to be cancer.

Finally, keep in mind that even though it might feel weird to have a doctor checking out your testicles, it's no big deal to him or her. Sometimes when a doctor is examining that area, you might get an erection — this is something you can't control. It's a normal reaction that happens frequently during genital exams on guys. If it happens, it won't upset or bother the doctor, so there's no need to feel embarrassed.

Reviewed by: T. Ernesto Figueroa, MD

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**Nemours.**

Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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