



PT ID:
PCP:
Today's Date:

Patient's Name:
Date of Birth:

6-10 Year Old Parent Observations

Are there any concerns you would like to discuss today?

Activities/Interests:

How active is your child?
List any extracurricular activities (i.e. a sport, dance):
List any interests (i.e. instrument, art, playing outside):
How much screen time (TV/tablet/phone/etc) does your child have per day?

Diet/Physical development/Sleep:

Does your child eat well? (i.e. has consistent appetite, not too picky)
What does your child drink?
If picky, what does your child dislike?
Any concerns about voiding or stooling? (i.e. constipation, bedwetting)
Do you have any concerns regarding your child's growth or puberty?
Does your child have any problems with sleep?
How many hours of sleep does your child get each night?

School:

What school does your child attend?
What are your child's grades usually?
Do you have any concerns regarding your child's school performance?
Does your child enjoy school and have good in-class behavior?
Does your child have any problems with bullying/cyberbullying?

Social/Behavior:

Are there any family or social issues you would like to discuss?
Any concerns about your child's behavior (i.e. tantrums, hitting, biting)?
Are there any problems with discipline?
Does your child have close friends or make friends easily?
Do you approve of your child's friends?

Safety/Preventative Health:

Does your child always use his/her seatbelt (or booster if shorter than 4' 9")?
Does your child brush his/her teeth twice daily with a fluoride toothpaste?
Has your child seen a dentist in the last 6 months?
Does your child always wear a helmet when riding bike/scooter/skiing/etc?
Have you discussed trampoline/water safety with your child?
Do you own a gun?
If yes, is it stored safely (i.e. locked case, ammunition separate)?

Are your child's immunization up to date?
Does your child have any allergies (that you know of)?

Please list any medications or supplements your child took this week: