



Patient Name _____ DOB _____

Risk Assessment 6 Months

Using soft toothbrush or cloth to clean

Baby's teeth/gums Yes No Comment

Sits briefly, leans forward Yes No Comment

Rolls over Yes No Comment

Puts things in his/her mouth Yes No Comment

Babbles and tries to "talk" to you Yes No Comment

Begins name recognition Yes No Comment

Likes to play with you Yes No Comment

Concerns about how child sees No Yes Concerns

Concerns about how child hears No Yes Concerns

Hip dysplasia risk:

Was your child breech at birth? No Yes Unknown Comment

Was your child a multiple (twin, triplet, etc?) No Yes Unknown Comment

Is there a family history of hip dysplasia? No Yes Unknown Comment

Does your child have any neurological abnormalities (cerebral palsy, down syndrome, etc?) No Yes Unknown Comment

Lead risk:

Have any members of the family or your Child's playmates had high blood lead No Yes Unknown Comment

Does child live/visit house built before 1978 currently being renovated No Yes Unknown Comment

Does child live/visit a house/apartment building built before 1950 No Yes Unknown Comment

TB risk:

Born in country outside of the United States No Yes Unknown Comment

Traveled or had contact with high TB risk populations longer than a week No Yes Unknown Comment

Family member or contact had tuberculosis or positive TB skin test No Yes Unknown Comment

Is the child HIV Positive No Yes Unknown Comment

Anticipatory Guidance:

Does your child sleep with a bottle	No	Yes	Comment
Continuously breastfeeds through the night	No	Yes	Comment
Baby makes eye contact with parent/caregiver	Yes	No	Comment
Talks (says things like; “da”, “ee”, “o”)	Yes	No	Comment
Regular nap/feeding/play schedule	Yes	No	Comment
Can sleep 6-8 hour per night	Yes	No	Comment
Learning to go to sleep by self	Yes	No	Comment
Breast or bottle	Breast Milk	Formula	Both Comment
Eating solid foods	Yes	No	Comment
Vitamin D supplement regularly	Yes	No	N/A
Regular car seat use	Yes	No	Comment
Always stay in arms reach when bathing even if using a bath seat	Yes	No	Comment
Keep one hand on baby when changing diaper	Yes	No	Comment
Water temp <120 degrees	Yes	No	Comment
Keep household cleaners, chemicals and medications locked up	Yes	No	Comment
Use a walker	No	Yes	Comment
Does anyone smoke around child	No	Yes	Comment