

the Pediatric Group

RISK ASSESSMENT

Patient Name: _____ DOB: _____

Date: _____

TUBERCULOSIS EXPOSURE

Children at high risk :

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Contacts of adults with infectious tuberculosis. | Yes | No |
| 2. Those who are from, or have parents from regions of the world with a high prevalence of tuberculosis. | Yes | No |
| 3. Children frequently exposed to the following adults:
infected individuals, homeless persons, users of intravenous and other street drugs, poor and medically indigent city dwellers, residents of nursing homes or migrant farm workers. | Yes | No |

CHILDHOOD LEAD EXPOSURE

At this time does your child:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|
| 1. Live in or regularly visit a house with peeling or chipping paint built before 1960? This includes day care centers, preschool, home of babysitter or any friends or relatives. | Yes | No |
| 2. Live in or regularly visit a house built before 1960 with recent ongoing or planned renovation or remodeling? | Yes | No |
| 3. Have a brother, sister, housemate, or playmate being followed or treated for lead poisoning (that is blood level > 15 mcg/dl)? | Yes | No |
| 4. Live with an adult whose job or hobby involves exposure to lead? | Yes | No |
| 5. Live near an active lead shelter, battery recycling plant, or other industry likely to release lead? | Yes | No |
| 6. Visit foreign countries or was your child born in a foreign country?
If Yes, do the vehicles in those countries use leaded gasoline?
Does your child regularly visit houses built before 1970 in those foreign countries? | Yes
Yes
Yes | No
No
No |
| 7. Visit any other States with at risk areas? If unsure, please check with the State's Health Department and let us know. | Yes | No |
| 8. Please see the attached list of at risk areas by Zip Code. Does your child live in, attend school/daycare in or regularly visit any of the listed areas? | Yes | No |

Maryland Childhood Lead Poisoning Targeting Plan At Risk Areas by Zip Code

Plomo de la niñez de Maryland que envenena apuntando plan en las áreas del riesgo por código postal

<u>Allegany</u>	<u>Baltimore Co. (Cont.)</u>	<u>Frederick (Cont)</u>	<u>Montgomery (Cont)</u>	<u>Queen Anne's</u>
ALL	21239	21757	20812	21607
	21244	21758	20815	21617
<u>Anne Arundel</u>	21250	21762	20816	21620
20711	21251	21769	20818	21623
20714	21282	21776	20838	21628
20764	21286	21778	20842	21640
20779	<u>Baltimore City</u>	21780	20868	21644
21060	ALL	21783	20877	21649
21061		21787	20901	21651
21225	<u>Calvert</u>	21791	20910	21657
21226	20615	21798	20912	21668
21402	20714		20913	21670
		<u>Garrett</u>		
<u>Baltimore Co.</u>	<u>Caroline</u>	ALL	<u>Prince George's</u>	<u>Somerset</u>
21027	ALL		20703	ALL
21052		<u>Harford</u>	20710	<u>St. Mary's</u>
21071	<u>Carroll</u>	21001	20712	20606
21082	21155	21010	20722	20626
21085	21757	21034	20731	20628
21093	21776	21040	20737	20674
21111	21787	21078	20738	20687
21133	21791	21082	20740	
21155		21085	20741	
21161	<u>Cecil</u>	21130	20742	<u>Talbot</u>
21204	21913	21111	20743	21612
21206		21160	20746	21654
21207	<u>Charles</u>	21161	20748	21657
21208	20640		20752	21665
21209	20658	<u>Howard</u>	20770	21671
21210	20662	20763	20781	21673
21212			20782	21676
21215	<u>Dorchester</u>	<u>Kent</u>	20783	
21219	ALL	21610	20784	
21220		21620	20785	
21221	<u>Frederick</u>	21645	20787	<u>Washington</u>
21222	20842	21650	20788	ALL
21224	21701	21651	20790	
21227	21703	21661	20791	<u>Wicomico</u>
21228	21704	21667	20792	ALL
21229	21716		20799	
21234	21718	<u>Montgomery</u>	20912	<u>Worcester</u>
21236	21719	20783	20913	ALL
21237	21727	20787		

Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate

<http://www.fha.state.md.us/och/html/lead.html>

Patient's Name: _____

Date: _____

INTERVAL HISTORY FORM
2 and 3 Year Olds

In order that I may better evaluate your child's health since your last visit to the office, I would appreciate your answers to the following questions: (These questions are for 2 and 3 year olds. Some of these skills your child may not have achieved yet.)

1. Since your last visit for a general check-up have there been any significant health problems or illnesses? If not treated in this office, please list the specifics of medical care required.

2. Describe any changes in your home, marital or living situation.

3. Describe any changes in your child's eating habits, sleep patterns, or behavior?

4. Are any medicines being given or taken on a regular basis?
If so, please list.

5. Have you been concerned about vision, development, social interaction, or family interrelationships?

6. Briefly describe a day in your child's life — day care, activities, playmates, etc.

(Over)

7. In order to help us evaluate the SPEECH and LANGUAGE development of your child, please answer the following questions:
- A. Can your child tell two wants? What are they?
(Verbalize two requests)
 - B. Does your child use twenty or more single words?
Please list some of them.
 - C. Does your child use plurals?
 - D. Does your child use “me/you” correctly?
 - E. Can your child correctly name and point to at least two body parts?
 - F. Can your child correctly name a drinking cup, a ball, and a spoon?
 - G. Can your child correctly give the use of a drinking cup, a ball, and a spoon?
 - H. Can your child say/tell you his first name?
 - I. Can your child say/tell you his last name?
 - J. Does your child understand prepositions such as “inside”,
“on top”, or “underneath” in his speech?
 - K. Does your child use prepositions such as “inside”,
“on top”, or “underneath” in his speech?
 - L. Can your child carry on a conversation using two or three sentences in a row?
 - M. Does your child follow simple directions?
 - N. Do you have any questions or concerns about your child’s speech or hearing?
8. Are there any special problems or subjects that you would like to discuss? If so, please describe.



REVISED DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE

Child's Name _____
 Person Completing R-PDQ: _____
 Relation to Child: _____

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Today's Date:	_____ yr _____ mo _____ day
Child's Birthdate:	_____ yr _____ mo _____ day
Subtract to get Child's Exact Age:	_____ yr _____ mo _____ day
R-PDQ Age:	(_____ yr _____ mo _____ completed wks)

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

60. Uses Spoon, Spilling Little

Can your child feed himself/herself with a spoon or fork without spilling much?

YES NO

(23-2) PS

61. Helps in House - Simple Tasks

Does your child help pick up his/her toys or help carry the dishes when asked? Answer **Yes** only if (s)he can complete either of these tasks.

YES NO

(23-2) PS

62. Kicks Ball Forward

Without holding on to anything, can your child kick a small ball (like a tennis ball) in a forward direction? Pushing does no count. Answer **Yes** only if you have seen your child do this with a **small** ball.

YES NO

(2y) GM

63. Dumps Raisin from Bottle - Demonstr

Can your child dump a **small** thing such as a raisin or piece of cereal from a **small** bottle if you show him/her how to do this?

YES NO

(2y) FMA

64. Scribbles Spontaneously

Without moving his/her hand or showing him/her how to do it, give your child the pencil and see if (s)he will scribble on a piece of paper. Answer **No** if the child bangs or mouths the pencil. Answer **Yes** only if (s)he scribble without help.

YES NO

(2y-1) FMA

65. Tower Of 4 Cubes

Can your child put 4 blocks on top of one another without the blocks falling? This applies to **small** blocks about 1 inch in size and not blocks more than 2 inches in size.

YES NO

(2y-2) FMA

66. Combines 2 Different Words

Does your child put **2** words together when (s)he speaks, such as, "want milk" and "play ball"? "Thank you" and "bye-bye" do not count.

YES NO

(2y-3) L

67. Names 1 Picture

Your child may know some of these pictures at home, but ask him/her to tell you what each of these is. **Give no help.**



Did (s)he name **2** of them? Animal sounds do not count.

YES NO

(2y-6) L



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68. Throws Ball Overhand

Can your child throw a ball **overhand** (not side arm or underhand) straight, towards your stomach or chest from a distance of **5 feet**?

YES NO

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(2y-7) GM

69. Follows Directions

It is important that you follow directions carefully. Do not gesture (point or look) when giving your child the following directions:

- "Put the paper on the floor."
- "Put the paper on the chair."
- "Give the paper to mommy."

Did (s)he follow **all 3** directions?

YES NO

(2y-8) L

70. Puts on Clothing

Can your child put on any of his/her own clothing such as shoes, pants, or T-shirt?

YES NO

(3y) PS

71. Dumps Raisin Spontaneously

Can your child dump a **small** thing such as a raisin or piece of cereal from a **small** bottle without being shown how to do this?

YES NO

(3y) FMA

72. Imitates Vertical Line Within 30°

Do not help or correct your child with this task. Draw a straight vertical line beside the one illustrated below. Say to your child, "Draw a line like I did." The child should not trace the line.



Look at these examples and score your child's drawing



YES NO

(3y) FMA

73. Jumps in Place

Without letting your child take a running jump, tell him/her to jump over the questionnaire placed on the floor. Did (s)he get both feet off the floor at once when attempting to jump over the paper?

YES NO

(3y) GM

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "NOS" ARE CIRCLED

74. Pedals Tricycle

Can your child pedal a tricycle *at least 10 feet forward*? Answer **No** if your child has never had a chance to ride a tricycle his/her size.

YES NO (3y) GM

75. Washes And Dries Hands

Can your child wash and dry his/her hands well enough so you don't have to do them over? Answer **No** if you do not allow him/her to wash and dry his/her hands/

YES NO (3y-2) PS

76. Balance On 1 Foot

Without letting your child hold on to anything, have him/her balance on 1 foot for as long as (s)he can. If necessary, encourage him/her by showing how. **Give 3 chances.** Estimate seconds by counting slowly. Can your child balance **2 seconds** or more, **2 out of 3 trials**?

YES NO (3y-2) GM

77. Broad Jump

Without letting your child take a running jump, tell him/her to jump length-wise over this questionnaire. Did (s)he do this without landing on the paper?

YES NO (3y-2) GM

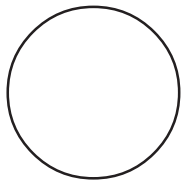
78. Uses Plurals

Does your child put an "s" at the end of his/her words when (s)he is talking about more than one thing, such as blocks, shoes, or toys?

YES NO (3y-2) L

79. Copies Circle

Have your child draw this figure in the space below. **Do not say "circle"**. Say, "Draw a picture just like this one," and point to the picture below. **Do not help or correct your child. Give 3 chances.**



Look at these examples when scoring your child's drawing.



Answer Yes



Answer No

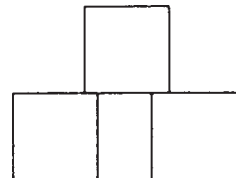
Did your child draw a circle?

YES NO (3y-3) FMA

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80. Imitates Bridge

To do this task you will need 6 small blocks. Tell your child to watch closely while you build a bridge. Place 2 blocks side by side with a small space between. Place a third block on top of these so that the bridge looks like the picture. Give 3 blocks to your child and tell him/her to build a bridge like the one you built. Your bridge should be left standing for the child to copy. Do not point out the opening. Did your child build a bridge that looks like the picture?



YES NO (3y-4) FMA

81. Tower of 8 Cubes

Can your child put 8 blocks on top of one another without the blocks falling? This applies to small blocks about 1 inch in size and not blocks more than 2 inches in size.

YES NO (3y-4) FMA

82. Plays Interactive Games, e.g. Tag

Does your child play hide-and-seek, cops-and-robbers or other games where (s)he takes turns and follows rules?

YES NO (3y-6) PS

83. Dresses With Supervision

Can your child put on and take off his/her clothes (except for tying and buttoning) with no physical help from you? Answer No if (s)he needs more help than being told what to do.

YES NO (3y-6) PS

84. Gives First and Last Name

Without your coaching or saying his/her name so (s)he can repeat it, can your child say both his/her first and last names? A nickname may be used in place of first name. Answer No if (s)he cannot be easily understood.

YES NO (3y-9) L

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