



Is your child always supervised when near water and also learning to swim?	Yes	No	
Does your child use sun protection when outdoors?	Yes	No	
Does your child wear a helmet when riding a bike, skateboard, or scooter?	Yes	No	N/A
Is there a gun at home?	No	Yes	
If yes: Is the gun locked?	Yes	No	
Is ammunition stored separately?	Yes	No	
If your child spends time with anyone who owns a gun/knife/other weapon, is the weapon safely stored and inaccessible to your child?	Yes	No	N/A
Have you discussed stranger awareness and personal safety with your child?	Yes	No	
Has your child ever witnessed or been a victim of abuse or violence?	No	Yes	
Has your child seriously injured or been seriously injured in the past year?	No	Yes	
Has your child ever bullied or been bullied at school/home/neighborhood?	No	Yes	
Does your child often seem sad or depressed?	No	Yes	
Are you concerned about your child's relationship with parents/siblings?	No	Yes	
Do you have concerns about how to set appropriate limits for your child?	No	Yes	
Does your child spend time with anyone who smokes or vapes?	No	Yes	

Please list your child's medications/supplements:

Please list any new major family medical issues:

Who lives in the home with your child?

What international travel has your child had since their last well check? (where and how long)

What plans are there for international travel with your child in the next 12 months? (where and how long)

What concerns would you like to discuss today?