Patient Name: _____ Date of Birth: _____ Today's Date: _____

Parent/Guardian Name: _____ Primary Care Provider (PCP)/Doctor Name: _____

Pediatric Comprehensive Health Assessment Questionnaire (CHA-QP)

Please complete this Health Assessment to the best of your knowledge and bring a copy to your child's scheduled appointment.

Medical History

In the past year, has your child been hospitalized or had a major operation? ☐Yes ☐No

IF yes, please explain:

_____

Does child currently take any medications, pills or drugs?
☐Yes ☐No

IF yes, please describe if your child is experiencing any unwanted side effects OR if they are having trouble taking a medication as prescribed, please explain why:

_____

_____

_____

_____

_____

_____

Does your child have, or does your family have a history of?

	My Child	Family Member (Mom, Dad, Brother/Sister)
ADD/ADHD	☐Yes ☐No	☐Yes ☐No
Allergies	☐Yes ☐No	☐Yes ☐No
Anemia	☐Yes ☐No	☐Yes ☐No
Asthma	☐Yes ☐No	☐Yes ☐No
Cancer	☐Yes ☐No	☐Yes ☐No
Depression	☐Yes ☐No	☐Yes ☐No
Diabetes	☐Yes ☐No	☐Yes ☐No
Ear Infections	☐Yes ☐No	☐Yes ☐No
Epilepsy or Seizures	☐Yes ☐No	☐Yes ☐No
Heart Attack/Failure	☐Yes ☐No	☐Yes ☐No
High Blood Pressure	☐Yes ☐No	☐Yes ☐No
High Cholesterol	☐Yes ☐No	☐Yes ☐No
Kidney Problems	☐Yes ☐No	☐Yes ☐No
Psychiatric Conditions	☐Yes ☐No	☐Yes ☐No
Stroke	☐Yes ☐No	☐Yes ☐No
Substance Use (Alcohol/Drug)	☐Yes ☐No	☐Yes ☐No

Behaviors Affecting Health

Does your child have a well-balanced diet that includes fruits and vegetables? ☐Yes ☐No

Does your child have any dental problems? IF yes, please explain:

_____

Family/Social/Cultural Characteristics

Do you have access to proper support to manage your child's health? ☐Yes ☐No

IF yes, please explain:

_____

_____

Communication Needs

Does your child have any trouble communicating with others due to their ability to hear, see, or due to their inattentiveness?

☐Yes ☐No

IF yes, please explain:

_____

_____

Social Functioning

Does your child have any trouble interacting with other people in everyday social tasks or making friends? ☐Yes ☐No

IF yes, please explain:

_____

_____

Social Determinants of Health

Do you have any problems understanding information provided to you about your child's health? ☐Yes ☐No

IF yes, please explain:

_____

_____

Do finances affect your ability to manage your child's health care? ☐Yes ☐No

IF yes, please explain:

_____

_____