

48 Months (45 Months 0 days through 50 months 30 days)


COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.) "What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response: <div style="border: 1px solid black; border-radius: 15px; height: 40px; margin: 5px 0;"></div> "What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response: <div style="border: 1px solid black; border-radius: 15px; height: 40px; margin: 5px 0;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Without your giving help by pointing or repeating, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to <i>the</i> park," or "Is there a toy to play with?" or "Are you coming, too?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
COMMUNICATION TOTAL				_____


GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. While standing, does your child throw a ball <i>overhand</i> in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
GROSS MOTOR TOTAL				_____

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child put together a five- to seven-piece interlocking puzzle? <i>(If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? <i>(Carefully watch your child's use of scissors for safety reasons.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? <i>(Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
4. Does your child unbutton one or more buttons? <i>(Your child may use his own clothing or a doll's clothing.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? <i>(Your child should not go more than 1/4 inch outside the lines on most of the picture.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
FINE MOTOR TOTAL				—

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When you say, "Say 'five eight three,'" does your child repeat <i>just</i> the three numbers in the same order? <i>Do not repeat the numbers.</i> If necessary, try another series of numbers and say, "Say 'six nine two.'" <i>(Your child must repeat just one series of three numbers to answer "yes" to this question.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? <i>(Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? <i>(Mark "yes" only if your child answers the question correctly using five colors.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? <i>(Ask this question without providing help by pointing, gesturing, or naming.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
PROBLEM SOLVING TOTAL				—

48 Months (45 Months 0 days through 50 months 30 days)

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child tell you at least four of the following? Please mark the items your child knows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/> a. First name <input type="radio"/> d. Last name <input type="radio"/> b. Age <input type="radio"/> e. Boy or girl <input type="radio"/> c. City she lives in <input type="radio"/> f. Telephone number				
3. Does your child wash his hands using soap and water and dry off with a towel without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child tell you the names of two or more playmates, not including brothers and sisters? <i>(Ask this question without providing help by suggesting names of playmates or friends.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? <i>(You may still need to check and rebrush your child's teeth.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
PERSONAL-SOCIAL TOTAL				—

SCORE AND TRANSFER TOTALS TO CHART BELOW: See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.72		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	32.78		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	15.81		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	31.30		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	26.60		●	●	●	●	●	●	○	○	○	○	○	○	○

Corridor Primary Care Pediatrics
601B Leah Avenue
San Marcos, TX 78666
Phone: (512) 392-1700 Fax: (512) 396-8743

Patient Information

Patient's Name: _____ **DOB:** _____

Gender: Male Female

Race: African-American White/Hispanic Asian Other: _____

Preferred Contact Number: (____) _____

Address: _____
Street City State Zip Code

Preferred email _____

Name(s) of other siblings and Date of Birth (Put X if not living in the home with Patient)

Parent(s) or Guardian(s) Information

Mother/Guardian Name: _____ **Birth Date:** _____

Relationship to Patient: _____

Primary Phone: (____) _____ **Secondary Phone:** (____) _____

Address if different from above:

Employer: _____ Wk#: _____ Social Security# _____

Father/Guardian Name: _____ **Birth Date:** _____

Relationship to Patient: _____

Primary Phone: (____) _____ **Secondary Phone:** (____) _____

Address if different from above:

Employer: _____ Wk#: _____ Social Security# _____

The person(s) listed below have my permission to seek medical attention for my child at Corridor Primary Care Pediatrics

Name	Relationship to Child	Phone Number:
Name	Relationship to child	Phone Number:
Name	Relationship to child	Phone Number :

The information that I have given is correct to the best of my knowledge. I understand that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my minor/child's medical status.

Date: _____ Signature _____

Print Name _____ Referred to our office by: _____

Texas Department of State Health Services Tuberculosis (TB) Questionnaire for Children

Name of Child _____ Date of Birth _____

Organization administering questionnaire _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. As far as you know has your child: <ul style="list-style-type: none"> • been around anyone with any of these symptoms or problems? or • had any of these symptoms or problems? or • been around anyone sick with TB? 			
Was your child born in: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries:			
To your knowledge, has your child spent time (longer than 3 weeks) with: anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes (specify date ____/____/____) No
 Has your child ever had a positive TB skin test? Yes (specify date ____/____/____) No
 Has your child ever had a positive TB blood test? Yes (specify date ____/____/____) No

For school/healthcare provider use only

 PPD / IGRA administered (circle one)

Date Administered: ____/____/____ Date Read (if PPD): ____/____/____

Result of PPD: _____ mm Result of IGRA test: Positive Negative Indeterminate/Invalid

Type of service provider (i.e. school, Health Steps, other clinics): _____

PPD/IGRA provider: _____
signature printed name

Provider phone number: _____

City _____ County _____

If positive, referral to healthcare provider: Yes No

If yes, name/contact of provider: _____

PEDS RESPONSE FORM

Provider _____

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.