

60 Months (57 Months 0 days through 66 months 0 days)

COMMUNICATION

YES SOMETIMES NOT YET

1. Without your giving help by pointing or repeating directions, does your child follow three directions that are *unrelated* 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."

2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:

3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:

4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example:

5. 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:

"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:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

Jane hides her shoes for Maria to find.

Al read the blue book under his bed.

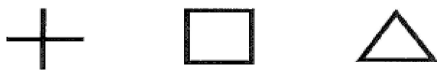
COMMUNICATION TOTAL _____

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. 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. (<i>Dropping the ball or throwing the ball underhand should be scored as "not yet."</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child catch a large ball with both hands? (<i>You should stand about 5 feet away and give your child two or three tries before you mark the answer.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. 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? (<i>You may give your child two or three tries before you mark the answer.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? (<i>You may show him how to do this.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? (<i>You may give her two tries on each foot. Mark "sometimes" if she can hop on one foot only.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child skip using alternating feet? (<i>You may show him how to do this.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
GROSS MOTOR TOTAL				—

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (<i>Mark "sometimes" if your child goes off the line three times.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<hr/>				
2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the 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"/>	—
4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? (<i>Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—



(Space for child's shapes)

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FINE MOTOR

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. (Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)

YES SOMETIMES NOT YET

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. (Mark "sometimes" if your child copies about half of the letters.)

(Space for adult's printing)

(Space for child's printing)

FINE MOTOR TOTAL

YES SOMETIMES NOT YET

PROBLEM SOLVING

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



2. 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? (Mark "yes" only if your child answers the question correctly using five colors.)

3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."

4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is *hard*, and a pillow is *soft*."

Please write your child's responses below:

A cow is *big*, and a mouse is

Ice is *cold*, and fire is

We see stars at *night*, and we see the sun during the

When I throw the ball *up*, it comes

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

PROBLEM SOLVING

5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.)
- 3 1 2**
6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.)

YES SOMETIMES NOT YET

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. Can your child serve himself, 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?
2. Does your child wash her hands and face using soap and water and dry off with a towel without help?
3. Does your child tell you at least four of the following? Please mark the items your child knows.
- a. First name d. Last name
 b. Age e. Boy or girl
 c. City he lives in f. Telephone number
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?
5. Does your child use the toilet by herself? (She goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if she does this after you remind her.
6. Does your child usually take turns and share with other children?

YES SOMETIMES NOT YET

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	33.19		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	31.28		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	26.54		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	29.99		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	39.07		●	●	●	●	●	●	●	○	○	○	○	○	○

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: _____

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.

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: _____