



Palmetto Pediatric
& Adolescent Clinic, P.A.

Patient Name

Date

We are striving to improve the care we provide for our patients. Please take a moment and answer the following questions about your child. Feel free to ask the nurse or doctor any questions you may have. Thank you for allowing us to be a part of your children's healthcare team.

1. Does your child currently need or use **MEDICINE PRESCRIBED BY A DOCTOR** (other than Vitamins)?
_____ No (go to question 2) _____ Yes (Please answer part "a" and "b")

1a) Is this because of **ANY** medical, behavioral, or other health condition? _____ No _____ Yes

1b) Is this a condition that has lasted or is expected to last for at least 12 months? _____ No _____ Yes

2. Does your child need or use more **MEDICAL CARE, MENTAL HEALTH OR EDUCATIONAL SERVICES** than is usual for most children of the same age?

_____ No (go to question 3) _____ Yes (Please answer part "a" and "b")

1a) Is this because of **ANY** medical, behavioral, or other health condition? _____ No _____ Yes

1b) Is this a condition that has lasted or is expected to last for at least 12 months? _____ No _____ Yes

3. Is your child **LIMITED OR PREVENTED** in any way in his or her ability to do things most children of the same age can do?

_____ No (go to question 4) _____ Yes (Please answer part "a" and "b")

1a) Is this because of **ANY** medical, behavioral, or other health condition? _____ No _____ Yes

1b) Is this a condition that has lasted or is expected to last for at least 12 months? _____ No _____ Yes

4. Does your child need or get **SPECIAL THERAPY** (such as physical, occupational or speech therapy)?

_____ No (go to question 5) _____ Yes (Please answer part "a" and "b")

1a) Is this because of **ANY** medical, behavioral, or other health condition? _____ No _____ Yes

1b) Is this a condition that has lasted or is expected to last for at least 12 months? _____ No _____ Yes

5. Does your child have any kinds of emotional, developmental, or behavioral problems for which he or she needs or gets **TREATMENT OR COUNSELING**?

_____ No _____ Yes (Please answer part "a" and "b")

1a) Is this because of **ANY** medical, behavioral, or other health condition? _____ No _____ Yes

1b) Is this a condition that has lasted or is expected to last for at least 12 months? _____ No _____ Yes

If you answered **YES** to any of the above questions, please list the medical, behavioral or other health conditions :

