

## 6, 7, 8, 9 and 10 Year Well Check

### **Forms Included in this packet:**

- 1) TB Risk Assessment Form

**Please fill these forms out and bring them to the appointment with you.**

### **At each appointment you will be asked for the following:**

Driver's License (or state issued ID card)

Current Insurance Card

Copay (If you cannot pay your copay, please call to reschedule your appointment)

Confirmation of your demographic information and to provide any missing information. (This can be done online via our patient portal)

### **To avoid FEES:**

- 1) Call to reschedule or cancel appointments no less than 24 hours before your scheduled appointment time.
- 2) Bring all forms you need with you and request them during the appointment.
- 3) Call to add an additional child(ren) to an existing appointment and understand that a change in time may be necessary to accommodate your need.



## Tuberculosis (TB) Risk Assessment

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does your child have a first degree relative or person living in your home with a positive tuberculosis test or who is being treated for tuberculosis? Yes No
2. Has your child travelled outside the country? Yes N
3. If yes, what country? \_\_\_\_\_
4. Is your child a recent immigrant or has he/she been adopted from outside this country? Yes No
5. Does your child have a close contact that is in prison? Yes No
6. Does your child have regular exposure to a nursing home or other long-term care facility? Yes No

Signature of parent/guardian: \_\_\_\_\_

Signature of physician: \_\_\_\_\_