

Phone: (407) 483-7925
Fax: (407) 483-7924



800 N. Rose Ave.
Kissimmee, FL 34741
www.orlando-pediatrics.com

Patient's Name: _____ Date: _____

TB RISK ASSESSMENT

- | | | |
|--|---|---|
| 1. Has your child been in contact with a person confirmed or suspected of having Tuberculosis? | Y | N |
| 2. a. Has your child ever had a Tuberculosis test done in the past? | Y | N |
| b. If yes, was the test positive? | Y | N |
| 3. Has your child immigrated from Asia, Africa, Latin America or the Middle East? | Y | N |
| 4. Has your child traveled to Asia, Africa, Latin America or the Middle East? | Y | N |
| 5. Does your child live with a person who immigrated from or travels to Asia, Africa, Latin America or the Middle East? | Y | N |
| 6. Did your child move from a large city? | Y | N |
| 7. In the last 3 months has your child or anyone you know had any of the following:
chronic cough, coughing blood, night sweats, or weight loss? | Y | N |
| 8. Is your child exposed to a person threat is: HIV infected, immunocompromised ,
homeless, resident of a nursing home, institutionalized, incarcerated or was in prison,
a drug dealer, or a migrant farm worker? | Y | N |

HYPERLIPIDEMIA RISK ASSESSMENT

- | | | |
|---|---|---|
| 1. Does your child have a family member with high cholesterol or lipid? | Y | N |
| 2. Does your child have a family member who has had a stroke, heart attack,
or sudden death before age 55? | Y | N |
| 3. Has your child had high cholesterol or lipid in the past? | Y | N |

DIABETES MELLITUS ASSESSMENT

- | | | |
|--|---|---|
| 1. Does your child has any family member with Diabetes Mellitus? | Y | N |
| 2. Is your child of American Indian, African American, Hispanic/Latin, or Asian Pacific origin? | Y | N |
| 3. Does your child have high blood pressure, abnormal cholesterol or fatty acids in the blood,
polycystic ovarian syndrome, or thick dark rash on the neck? | Y | N |