



PEDIATRIC HEALTHCARE ASSOCIATES

Dear Caregiver / Patient,

Welcome to Pediatric Healthcare Associates! It is our pleasure to welcome you and your family to our practice and thank you for allowing us to take care of your children.

Please complete and bring the following forms with you to your child's next well exam appointment:

- Tuberculosis Risk Assessment** (completed at well exams starting at 1 month of age)
- M-CHAT Questionnaire** (done at 18 months and 24 months)

The **M-CHAT** is a standardized tests recommended by the American Academy of Pediatrics to determine any signs of developmental and/or emotional concerns.

The test will be submitted to your insurance company. Depending on your plan, the testing might be subject to a deductible or co-insurance. If so, you will be billed for any patient balance.

Thank you,

Your Care Team at PHA

Child's Name _____ Filled Out By _____

Date of Birth _____ Relationship to Child _____ Today's Date _____

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

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|---|-----|----|
| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE, pointing to a snack or toy that is out of reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?
(FOR EXAMPLE, being swung or bounced on your knee) | Yes | No |

Tuberculosis Risk-Assessment Questionnaire

1. Was this child born in a country other than the United States? YES NO

If yes, where was he/she born and when did they come to the U.S.?

2. Was this child's mother or father born in a country other than the United States? YES NO

If yes, where were they born and when did they come to the U.S.?

3. Has this child traveled to another country since their last physical exam? YES NO

If yes, where did he/she travel? _____

With whom did he/she stay? Friends / Relatives Hotel

Were they there for one month or more? YES NO

4. Has this child been exposed to anyone with tuberculosis or a positive TB skin test since his/her last physical exam? YES NO