

Well Child Check Screening Questions

Oral Health:

What is your home's primary source of drinking water? City / Well / Bottled

If well water, have you had the fluoride level checked? Yes / No

Do you have a reverse osmosis system? Yes / No

Has your child seen a dentist? Yes / No

Lead Screening:

Does your child have a sibling or playmate who has had lead poisoning? Yes / No

In what approximate year was your home built? _____

Does your child attend a child care facility or regularly visit a home built before 1978? Yes / No