

Health Professional Observation Checklist

Today's Date: __/__/__

Name of Health Professional: _____

Name of Person Observing: _____

Screen

0 – no attempt to screen

1 – screened, problem not found

2 – screened, problem found (continue to **Assessment**)

Action

0 – no action

1 – action taken (continue to **Type of Action**)

Assessment

0 – no attempt to assess

1 – assessed, problem not found

2 – assessed, problem found (continue to **Action**)

3 – assessment deferred to another professional

Type of Action

1 – Referred to SW

2 – Counseled by doctor

3 – Outside referral

4 – Follow-up appointment scheduled

5 – Other _____ (explain beside the table)

1. Child's initials: _____

SEEK PQ Eligible: Y_N_

SEEK PQ Administered: Y_N_

	Screen	Assessment	Action	Type of Action
Parental depression				
Domestic violence				
Corporal punishment				
Parental substance abuse				
Major stress				
Food insecurity				

Time spent on above issues: _____ minutes _____ seconds

Time spent on total visit: start time: _____ end time: _____

Total minutes: _____

2. Child's initials: _____

SEEK PQ Eligible: Y_N_

SEEK PQ Administered: Y_N_

	Screen	Assessment	Action	Type of Action
Parental depression				
Domestic violence				
Corporal punishment				
Parental substance abuse				
Major stress				
Food insecurity				

Time spent on above issues: _____ minutes _____ seconds

Time spent on total visit: start time: _____ end time: _____

Total minutes: _____

3. Child's initials: _____

SEEK PQ Eligible: Y_N_

SEEK PQ Administered: Y_N_

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Total minutes: _____