PLEASE CIRCLE YES OR NO OR EXPLAIN WHERE REQUIRED N/A - NOT APPLICABLE

PEDIATRIC - PATIENT QUESTIONAIRE COMPLETED BY: RELATIONSHIP:

PATIENT'S NAME: **DOB**

Pregnancy Birth
Mother's age at pregnancy
Any illness during pregnancy r **Y** **N**
Medications during pregnancy
(exclude vitamins & iron
Smoking - alcohol - street drugs - during pregnancy?
Was baby early - late - on time?
Type of delivery: Birth Weight Length
Complications? **Y** **N** Apgar
Problems with baby at birth? Breathing Jaui **Y** **N** Jaundice **Y** **N**
Other
Problems soon after? Nursery or home:

Past Medical History Allergic reactions **Y** **N** Food **Y** **N**
Animal **Y** **N** Insect Bites **Y** **N**
Medications taken on a regular basis?(exclude vitamins)

Immuniztions - up to date? **Y** **N** Do you have a record? **Y** **N**
Hospitalizations - (when-where?)

Serious Injuries (when-where?)

Red Measles	**Y**	**N**	Mumps	**Y**	**N**
Chicken Pox	**Y**	**N**	Whooping Cough	**Y**	**N**
Scarlet Fever	**Y**	**N**	Ear infections	**Y**	**N**
Asthma/Wheezing	**Y**	**N**	Eczema/Hives	**Y**	**N**
Anemia	**Y**	**N**	Hepatitis	**Y**	**N**
Bleeding Tendency	**Y**	**N**	Urinary Infections	**Y**	**N**
Blood Transfusions	**Y**	**N**	Joint Problems	**Y**	**N**
German Measles (3day)	**Y**	**N**	Seizures	**Y**	**N**
Rheumatic Fever	**Y**	**N**	Problems w/	**Y**	**N**
Strep Throat	**Y**	**N**	Hearing/Vision	**Y**	**N**
			Other		

Feeding & Nutrition Food Allergies **Y** **N**
Appetite usually good? **Y** **N**
Colic or feeding problmes during the first 3 months? **Y** **N**
Breast Fed **Y** **N** Number of months
Formula **Y** **N** Current Brand
Vitamins **Y** **N** Brand? Fluoride? **Y** **N**
Special Diet **Y** **N**

Family Profile Parents - Married? Separated? Divorced?
Father's Age Highest school grade? Health?
Mother's Age Highest school grade? Health?
(List child's brothers, sisters and ages)

Family Medical History List all blood relatives of your child who had the following problems: (F) Father (M)Mother (B) Brother (S) Sister (MM) Mother's mother (MF) Mother's Father (FM) Fathers mother (FF) Fathers father (A) Aunt (U) Uncle C Cousin

Anemia/Blood disorder	
Asthma	
Mental Retardation	
Drug Problem	
Alcoholism	
Cancer	
Aids	
Cystic Fibrosis	
Musc Dystrophy	
Tuberculosis	
Arthritis	
Epilepsy/Seizures	
Heart Disease	
High Blood Pressure	
Cholesterol Problem	
Migraine	
Sudden Infant Death	
Birth Defects	
Early Deafness	
Diabetes	

Development & Behavior Age at which Child
Sat alone Walked
Used sentences Toilet Trained
Bicycled
Development compared to other children:
Grade in school

Problems in School?	**Y**	**N**
Learning Problems	**Y**	**N**
Getting along w/ other children:	**Y**	**N**
Behavior problems	**Y**	**N**
Bad habits?	**Y**	**N**
Bedwetting?	**Y**	**N**
Nail Biting	**Y**	**N**
Sleeping	**Y**	**N**
Use of street/illegal drugs	**Y**	**N**

Hobbies/Sports

SYNOPSIS