West Plano Pediatrics, P.A.

PATIENT NAME: _____

DATE OF BIRTH: _____

PEDIATRIC HEALTH QUESTIONNAIRE

BIRTH HISTORY

CHILD'S BIRTH WEIGHT: _____ DURATION OF PREGNANCY: _____

MOM'S AGE: _____ DAD'S AGE: _____ ANY PROBLEMS WITH PREGNANCY? Y N

TYPE OF DELIVERY: _____ IF YES, SPECIFY _____

PLACE OF DELIVERY: _____ _____

ANY MEDICATIONS, SMOKING, DRUGS DURING PREGNANCY? Y N

ANY PROBLEMS WITH LABOR/DELIVERY? Y N IF YES, SPECIFY _____

LENGTH OF STAY IN NURSERY: _____

MEDICAL INFORMATION REGARDING PATIENT

ANY HISTORY OF COLIC OR UNUSUAL FEEDING PROBLEMS BEFORE 3 MONTHS? Y N

ANY MINOR ILLNESS ABOUT WHICH YOU WORRY? Y N HAD CHICKENPOX? Y N

HAS YOUR CHILD HAD MORE THAN 4 BOUTS OF EAR INFECTIONS IN ONE YEAR? Y N

ANY MAJOR ILLNESS / HOSPITALIZATION? Y N IF YES, SPECIFY _____

_____

ANY SURGERY? Y N IF YES, SPECIFY _____

_____

ANY ACCIDENTS / INJURIES? Y N IF YES, SPECIFY _____

_____

ANY MEDICATIONS TAKEN REGULARLY? Y N IF YES, SPECIFY _____

ANY KNOWN DRUG ALLERGIES? Y N IF YES, SPECIFY _____

DEVELOPMENTAL HISTORY

DO YOU THINK YOUR CHILD IS UP TO DATE WITH PEERS? YES NO

CURRENT SCHOOL GRADE: _____ SPECIAL CLASSES? YES NO

PERFORMANCE IN SCHOOL, STRENGTHS _____

WEAKNESSES _____

FAMILY HISTORY: INCLUDE ONLY CHILD'S PARENTS AND SIBLINGS

☐ HIGH CHOLESTEROL / HEART DISEASE / HIGH BLOOD PRESSURE ☐ DIABETES ☐ CANCER

☐ ALLERGIES / ASTHMA / ECZEMA ☐ ARTHRITIS ☐ ADD / ADHD

☐ KIDNEY DISEASE / URINARY TRACT INFECTIONS ☐ SEIZURE ☐ THYROID

☐ IRRITABLE / INFLAMMATORY BOWEL DISEASE ☐ MIGRAINES ☐ ANEMIA

☐ LAZY EYE / VISION PROBLEMS OTHER: _____

☐ HEARING LOSS

SOCIAL HISTORY

NUMBER OF PEOPLE IN HOUSEHOLD: _____ ANY SMOKING? YES NO

NAMES & AGES OF SIBLINGS: _____

_____