

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
 - ALLERGIES / ASTHMA / ECZEMA
 - KIDNEY DISEASE / URINARY TRACT INFECTIONS
 - IRRITABLE / INFLAMMATORY BOWEL DISEASE
 - LAZY EYE / VISION PROBLEMS
 - HEARING LOSS
 - DIABETES
 - ARTHRITIS
 - SEIZURE
 - MIGRAINES
 - CANCER
 - ADD / ADHD
 - THYROID
 - ANEMIA
- OTHER: _____

SOCIAL HISTORY

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

NAMES & AGES OF SIBLINGS: _____