



Pediatric Health Questionnaire

Name:	Family Doctor:
Age: Sex:	Today's Date:

Please list <u>all</u> drug or medical allergies:	Please list <u>all</u> your child's medical problems:

Please list <u>all</u> current medications:	Please list <u>all</u> your child's surgeries:

Please answer below. Y= yes, and N= no. If you're not sure, use a question mark.

*Does anyone smoke in the house?	Y	N	Does your child have:	Y	N
Does your child have:	Y	N	Use extra Oxygen?		
Any vision problems? Glasses? ____			Problems with reflux or spitting-up?		
Chest Pain?			Have problems with digestion?		
Any heart problems?			Difficulty gaining weight?		
A heart murmur?			Have any problems with urination?		
Asthma or wheezing?			Have arthritis?		
Frequent respiratory infections?			Bleeding tendencies, or easy bruising?		
Cystic Fibrosis?			Seizures or convulsions?		
Diabetes?			Fever, chills, or night sweats?		
Frequent headaches?			Difficulty in school?		
Hyperactivity?			Other medical problems? (please list)		
Poor sleep or apnea?					

Birth History	Y	N
Was this a normal pregnancy? (any infections or premature labor?)		
Was this a normal delivery?		
Did your child have to stay in the hospital for more than one day after delivery?		
Was your child born on time?		
Was your child yellow or jaundiced at birth?		
Did your child seem to sit up and walk at about the right time?		

Are immunizations up to date?

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Family History

Parent please fill out:	Y	N
Is your child's father living?		
Is he well?		
Is your child's mother living?		
Is she well?		
Are there brothers and sisters?		
Are they well?		
If parents are deceased, please list cause of death and age at death:		
Father: cause _____ age: _____		
Mother: cause _____ age: _____		

Any family history of:	Y	N	Any family history of:	Y	N
Diabetes:			Stroke:		
Hearing loss:			Cancer:		
Ear Surgeries:			Asthma:		
High blood pressure:			Arthritis:		
Heart disease:			Other inherited diseases?		
Tuberculosis:			Bleeding Tendencies?		

Thank you!

Please make any further comments about your child's health or medical problems in the space below.

The information given above is accurate to the best of my knowledge.

Parent's signature: _____