Premier Pediatric Group

PEDIATRIC HEALTH QUESTIONNAIRE

DATE: ___/___/____

PATIENT NAME: _____ DOB: ___/___/____ SEX: ☐ M ☐ F

MOTHER'S NAME: _____ DOB: ___/___/____ EDUC. (CIRCLE): HS COLL. GRAD

FATHER'S NAME: _____ DOB: ___/___/____ EDUC. (CIRCLE): HS COLL GRAD

PARENTS' MARITAL STATUS: ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

SIBLING NAME	DOB	GENERAL HEALTH STATUS

BIRTH HISTORY

PREGNANCY COMPLICATIONS: MEDICATIONS:
PREGNANCY: TERM PRETERM (LESS THAN 37 WEEKS) HOSPITAL:
DELIVERY: VAG. C-SECT. FORCEPS DELIV. COMPLICATIONS:
BIRTH WEIGHT: LENGTH: FEEDING: BREAST FORMULA
HEPATITIS B VACCINE GIVEN (DATE): ☐ YES _____ ☐ NO
BIRTH COMPLICATIONS:

DEVELOPMENTAL MILESTONES (IF LESS THAN 5 YRS. OF AGE): AGE FIRST NOTED

SIT UP ON OWN _____ WALKINIG _____ FIRST WORD _____ SPOKE IN SENTENCES _____

TOILET TRAINED _____ WRITING OWN NAME _____ READING _____

PAST MEDICAL HISTORY

ACUTE/CHRONIC MEDICAL ILLNESSES: _____

_____

SURGERIES/HOSPITALIZATIONS: _____

CURRENT MEDICATIONS: _____

ALLERGIES (MEDICATIONS/ENVIRONMENTAL): _____

FOOD RESTRICTIONS: _____

HOME WATER SOURCE: ☐ CITY WATER ☐ WELL ☐ OTHER _____

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REVIEW OF MEDICAL PROBLEMS:

HAS YOUR CHILD HAD ANY OF THESE PROBLEMS:

☐Y ☐N ASTHMA/WHEEZING

☐Y ☐N BRONCHIOLITIS

☐Y ☐N CROUP

☐Y ☐N EAR INFECTIONS

☐Y ☐N PNEUMONIA

☐Y ☐N CONSTIPATION

☐Y ☐N FREQUENT DIARRHEA

☐Y ☐N BED WETTING

☐Y ☐N BLADDER INFECTIONS

☐Y ☐N BIRTH DEFECTS: _____

☐Y ☐N BROKEN BONES

☐Y ☐N ADD/HYPERACTIVITY

☐Y ☐N HEART MURMUR/DISEASE

☐Y ☐N CONCUSSION/SEVERE HEAD INJURIES

☐Y ☐N PROLONGED HEADACHES

☐Y ☐N SEIZURES

☐Y ☐N VISION PROBLEMS/ EYEWEAR

☐Y ☐N HEARING LOSS

☐Y ☐N CHICKEN POX

☐Y ☐N TUBERCULOSIS

☐Y ☐N CANCER: TYPE: _____

☐Y ☐N SICKLE CELL DISEASE/TRAIT

☐Y ☐N BEHAVIOR PROBLEMS

☐Y ☐N OTHER _____

DOES YOUR FAMILY HAVE ANY OF THESE MEDICAL PROBLEMS:

☐Y ☐N ASTHMA

☐Y ☐N HAY FEVER

☐Y ☐N BLEEDING PROBLEMS

☐Y ☐N HIGH CHOLESTEROL

☐Y ☐N HEART DISEASE

☐Y ☐N MENTAL ILLNESS

☐Y ☐N TUBERCULOSIS

☐Y ☐N CANCER: TYPE: _____

☐Y ☐N DIABETES

☐Y ☐N HEARING LOSS

☐Y ☐N ALCOHOLISM/DRUG ABUSE

☐Y ☐N GI/ LIVER DISEASE

☐Y ☐N HIGH BLOOD PRESSURE

☐Y ☐N KIDNEY DISEASE

☐Y ☐N OTHER: _____