

HEALTH QUESTIONNAIRE

PATIENT NAME _____

DATE _____

Please answer the following questions as they relate to the patient being seen today:

PRENATAL AND BIRTH HISTORY

Were there any complications during your pregnancy with this child? Yes No

Please explain any pregnancy complications _____

Birth weight _____ Length _____ Was the delivery by C-section? Yes No

Did the child have any trouble breathing after birth? Yes No

Did your child need to be in the special care nursery after delivery? Yes No

Please explain if your child had any complications in the nursery: _____

CHILDHOOD MEDICAL HISTORY

Explain all yes answers below:

	YES	NO	
Has your child ever been hospitalized overnight?			
Has your child ever had any surgery?			
Has your child had any serious medical illnesses?			
Has your child had any illnesses that were chronic, requiring treatment over several weeks or months?			
Has your child needed to see any specialists for any serious or chronic illnesses?			
Has your child had any serious accidents?			
Has your child had any broken bones (fractures)?			
Is your child allergic to any medications?			
Is your child currently taking any medications (prescribed or over-the-counter)?			
Do you have any concerns about developmental delay or learning disabilities?			

SOCIAL HISTORY

Child lives with: Parents Mother Father Other (specify _____)

Parents are: Married Divorced Single

Adopted (specify country, if applicable): _____

Guardian (if applicable) _____

Daycare: Yes No Babysitter: Yes No

Are there any smokers in the home? Yes No Are there any pets in the home? Yes No

FAMILY MEDICAL HISTORY

Please identify family members who have had any of the following medical problems. Use the box at the right to identify the affected family member(s) and specify the condition. The family member listed should be related specifically to the patient. For example, M= your CHILD's mother.

KEY: Mother = M Maternal Grandmother = MGM Paternal Grandmother = PGM
 Father = F Maternal Grandfather = MGF Paternal Grandfather = PGF
 Sister = S
 Brother = B

DISEASE OR CONDITION	YES	FAMILY MEMBER(S) AFFECTED
ASTHMA		
ALLERGIES:		
Food Allergies		
Nasal or seasonal allergies		
Hay fever		
ANEMIA		
CANCER Specify type		
DIABETES		
ECZEMA		
HEART DISEASE:		
Heart attacks prior to age 60		
Heart rhythm problem		
High blood pressure prior to age 60		
High cholesterol prior to age 60		
Sudden death prior to age 50		
PSYCHOLOGICAL CONDITION:		
Depression, Anxiety disorder, OCD		
ADHD, ADD		
Alcoholism or drug addiction		
Bipolar, or other disorder		
SEIZURES/EPILEPSY		
SUDDEN INFANT DEATH SYNDROME		
STROKES		
PERTINENT DISEASES NOT MENTIONED ABOVE		