

Medical Questionnaire

Birth history:

Patient name: _____ Breastfed/Formula _____

Term/Preterm (weeks Gestation) _____ C-section/Vaginal _____

Birth weight: _____ lbs _____ oz Discharge weight: _____ lbs _____ oz

Maternal complications: _____

Newborn complications: None/trauma _____

Developmental history: (GIVE APPROXIMATE AGE/MILESTONE REACHED)

Smile ____ Roll ____ Sit ____ Walk ____ Mama/Dada ____ Words ____ Sentences ____

Use Cup ____ Toilet Trained ____ Dress self ____ Ride Tricycle ____ Ride Bike ____

PAST MEDICAL HISTORY:

Major disorders/diseases: _____

Frequent minor illness(es): _____

Accidents/injury: _____

Hospitalizations (diagnosis and dates): _____

Surgeries (age): Ear tubes _____ Adneoids/Tonsils _____ Hernia _____ Other _____

Allergies: _____

Medications: _____

Menses (FEMALE PERIOD): Yes/No Immunization up to date: Yes/No Chicken Pox: Yes/No

FAMILY HISTORY: (CHECK ALL THAT APPLY TO IMMEDIATE FAMILY AND GRANDPARENTS)

Adopted ___ / ___ / ___ Depression ___ Migraine/headaches ___ Allergy ___ Eczema ___

Mental illness ___ Alcoholism ___ Epilpsy ___ Mental retardation ___ Anemia ___

Asthma ___ Febrile seizures ___ Neurofibromatosis ___ Heart Disease ___ Sickle Cell ___

Attention deficit ___ High blood pressure ___ Stroke ___ Cancer ___ High cholesterol ___

Thyroid disease ___ Chromosal ___ Kidney disease ___ Diabetes ___ Lung disease ___

Other _____

SOCIAL HISTORY:

Natural Parents: Married Seperated Divorced Widowed

Names and ages of Sibilings: _____

Patient lives with (all in household) _____

Pets: _____ Smokers: _____ Water: city/well

Diet concerns: _____

Daycare/school name: _____

Academics: Poor Fair Good Excellent Grade level: _____

Behavioral problems: _____

Family stress: _____