

Pediatric Health Questionnaire (age birth to 18 years)

Name: _____ Date of Birth: _____
Mother's name: _____ Mother's DOB: _____
Father's name: _____ Father's DOB: _____
Sibling's names and DOB: _____

Birth History (if under 3 years old):

Birth Weight: _____ Birth Length: _____
APGAR score (if known): _____
Vaginal delivery or c-section: _____
Pregnancy or Delivery complications: _____

Breast fed?: _____ How long?: _____
Bottle fed?: _____ Which formula?: _____

Medical Problems and Past Surgeries:

Year Diagnosed:

_____	_____
_____	_____
_____	_____
_____	_____

Current Medications and Dose:

Medication Allergies: (specify reaction please)

Immunizations: Please present your child's immunization card to the medical assistant

- My child has received all of the standard childhood immunizations, to the best of my knowledge.
- My child has not been fully immunized.
- My child is behind on immunizations.

Social History:

Parents marital status: _____ Lives with: _____

Smokers in the house?: _____ Child smokes?: _____

Exercise/Sports: _____

Nutrition: _____

Sexually active?: _____ Using birth control?: _____

Girls only:

Periods started at what age?: _____ Regular?: _____

Family History:

Mother's medical problems: _____

Father's medical problems: _____

Medical Illnesses in other family members: (name the family member and the illness):
