Samuel Y. Brown MP, AP, MC Questionnaire

Patient Name	DOB

Fill out a page for each child.

All Children Pediatrics HEALTH QUESTIONNAIRE
INSTRUCTIONS: Please **print or write legibly**. Fill additional sheets out for each child. **Only one (1)** SOCIAL AND FAMILY History form needs to be completed. Comment on specifics.

MEDICATIONS: List all current medications and strengths your child is on:

_____
_____
_____

ALLERGIES:

☐ Drug Allergies: List all _____

☐ Allergic Rhinitis
☐ Eczema / chronic dry skin
☐ Asthma
☐ Food intolerance
☐ Urticaria (hives)

NEWBORN PERIOD:

☐ Vaginal delivery
☐ Term
☐ C-Section
☐ Premature
☐ Phototherapy?
☐ Jaundice?
☐ Feeding problems
☐ Other _____
☐ Difficult Delivery
☐ Birth weight _____
☐ Heart or lung problems
☐ Delayed discharge home from nursery

FEEDING AND DIGESTION:

☐ Breast fed
☐ Vomiting
☐ Other_____
☐ Bottle fed
☐ Chronic loose stools
☐ Appetite poor
☐ Constipation issues

INFECTIONS, DEVELOPMENT, MISCELLANEOUS PROBLEMS:

☐ Dental problems
☐ Frequent sore throats
☐ Heart problems
☐ Pneumonia
☐ Kidney or bladder infections
☐ Developmental delays
☐ Frequent ear infections
☐ Elevated blood pressure
☐ Pica (eating dirt, plants, etc.)
☐ Bed wetting
☐ Eye problems (glasses, etc)
☐ Hearing loss
☐ Seizures
☐ Orthopedic problems
☐
☐ Other _____

SURGICAL PROCEDURES and HOSPITALIZATIONS

☐ Tonsillectomy, adenoidectomy and/or ear tubes
☐ Serious injuries (concussions, broken bones, etc)
☐ Hospitalizations: _____
☐ Other surgical procedures

PSYCHOLOGICAL PROBLEMS

☐ Antisocial behavior
☐ Discipline problems
☐ Peer relationships
☐ Mental retardation
☐ Speech problems
☐ Other:
☐ ADHD Issues
☐ Breath holding
☐ Tics/ nervous habits
☐ Nightmares
☐ Poor school performance
☐ Drug use/abuse
☐ School adjustment problems
☐ Learning disability
☐ Temper tantrums
☐ Anxiety