ADULT & PEDIATRIC PHYSICIANS GROUP – ALLEN & FRISCO
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PEDIATRIC PATIENT QUESTIONNAIRE

LAST NAME: *FIRST NAME:* *DATE OF BIRTH:*

Please check Y yes or N no, circle or explain where required. N/A-Not Applicable

Reason for today's visit -

Previous medical care - Dr. Dental Care Y N Eye Exam Y N

PREGNANCY & BIRTH

Mother's age at pregnancy? ________

Any illness during pregnancy? Y N ____

Medications during pregnancy? Y N ____
(exclude vitamins & iron) ____

Smoking - alcohol - street drugs - during pregnancy? ____

Was baby early - late - on time? ____

Type of delivery? ____ Birth weight ____ Length ____

Complications? Y N ____ Apgar ____

Problems with baby at birth? Breathing Y N Jaundice Y N
Other ____

Problems soon after? Nursery or home? ____

PAST MEDICAL HISTORY

Allergic reactions? Medicine Y N Food Y N Animals Y N
Insect bites Y N ____

Medications taken on a regular basis? (exclude vitamins) ____

Immunizations - up to date? Y N Do you have a record? Y N

Hospitalizations - (when-where-why?) ____

Serious injuries (when-where?) ____

Red Measles	Y N	Mumps	Y N	German Measles (3 day)	Y N
Chicken Pox	Y N	Whooping Cough	Y N	Rheumatic Fever	Y N
Scarlet Fever	Y N	Ear Infections	Y N	Strep Throat	Y N
Asthma/Wheezing	Y N	Eczema/Hives	Y N	Seizures	Y N
Anemia	Y N	Hepatitis	Y N	Problems with hearing	Y N
Bleeding Tendency	Y N	Urinary Infections	Y N	Problems with vision	Y N
Blood Transfusions	Y N	Joint Problems	Y N	Other ____	

FEEDING & NUTRITION

Food Allergies

Appetite usually good? Y N

Colic or feeding problems during the first 3 months? Y N

Breast fed? Y N Number of months? Y N

Formula? Y N Current brand? ____

Vitamins? Y N Brand? ____ Fluoride? Y N

Special Diet? Y N ____

FAMILY PROFILE

Parents - Married? ☐ Separated? ☐ Divorced? ☐

Father's age? ____ Highest school grade? ____ Health? ____

Mother's age? ____ Highest school grade? ____ Health? ____

(List child's brothers, sisters & their ages)

FAMILY MEDICAL HISTORY

List all blood relatives of your child who have had the following problems - use abbrev. (F) Father, (M) Mother, (B) Brother, (S) sister, (MM) Mother's Mother, (MF) Mother father, (FM) Father's Mother, (FF) Father's Father, (A) Aunt, (U) Uncle, (C) Cousin

Anemia/Blood Dis ____
Asthma ____
Mental Retardation ____
Drug Problem ____
Alcoholism ____
Cancer ____
Aids ____
Cystic Fibrosis ____
Musc. Dystrophy ____
Tuberculosis ____
Arthritis ____
Epilepsy / Seizures ____
Heart Disease ____
High Blood Pressure ____
Cholesterol Problem ____
Migraine ____
Sudden Infant Death ____
Birth Defects ____
Early Deafness ____
Diabetes ____

DEVELOPMENT AND BEHAVIOR

Age at which child -

Sat alone ____ Walked ____ Used sentences ____

Toilet trained ____ Bicycled ____

Development compared to other children? ____

Grade in school ____ Problems in School? Y N

Learning problems? Y N ____

Getting along with other children? Y N ____

Behavior problems? Y N ____

Bad habits? ____ Bedwetting? Y N

Nail biting? Y N Sleeping? Y N Hobbies - sports -

Use of street or illegal drugs? Y N ____

SYNOPSIS