PEDIATRIC ASSOCIATES
California

INITIAL HISTORY QUESTIONNAIRE

(Please Print)

Form completed by: _____ Date: ____/____/____

HOUSEHOLD

List people living in your house

Name	Relashionship to child	Date of Birth	Health Problems

If parents are not living together, who has custody of the patient?

_____

_____

BIRTH HISTORY

Birth weight: _____

How long did the pregnancy last? _____

During the pregnancy, did the mother...

Have any problems? ___Yes ___No Explain: _____

Use medication? ___Yes ___No Explain: _____

Use drugs? ___Yes ___No Explain: _____

Smoke? ___Yes ___No Explain: _____

Drink alcohol? ___Yes ___No Explain: _____

Was the delivery: ___Vaginal ___Cesarean

If cesarean, why?

_____

Did the baby have any problems after birth?

_____

_____

Initial feeding: ___Breast ___Formula

Was the baby discharged with the mother?

_____

_____

GENERAL

Do you consider your child…

In good health? ___Yes ___No Explain: _____

To have a serious disease? ___Yes ___No Explain: _____

Had a serious accident? ___Yes ___No Explain: _____

Had surgery? ___Yes ___No Explain: _____

Had a previous hospitalization? ___Yes ___No Explain: _____

Is allergic? ___Yes ___No Explain: _____

DEVELOPMENT

Is your child's development normal? ___Yes ___No Explain: _____

Is your child's attention span normal? ___Yes ___No Explain: _____

Is your child doing well at school? ___Yes ___No Explain: _____

Is your child's behavior normal ___Yes ___No Explain: _____

Has he/she failed or repeated a year? ___Yes ___No Explain: _____

Is he/she in special classes? ___Yes ___No Explain: _____

FAMILY HISTORY

Have any family members had the following:

Deafness	__Yes	__No	Who? _____	Explain: _____
Nasal allergies	__Yes	__No	Who? _____	Explain: _____
Asthma	__Yes	__No	Who? _____	Explain: _____
Tuberculosis	__Yes	__No	Who? _____	Explain: _____
Heart problems (before 50 years of age)	__Yes	__No	Who? _____	Explain: _____
High cholesterol (before 50 years of age)	__Yes	__No	Who? _____	Explain: _____
Anemia	__Yes	__No	Who? _____	Explain: _____
Bleeding disorder	__Yes	__No	Who? _____	Explain: _____
Liver problems	__Yes	__No	Who? _____	Explain: _____
Kidney problems	__Yes	__No	Who? _____	Explain: _____
Diabetes (before 50 years of age)	__Yes	__No	Who? _____	Explain: _____
Bed-wetting (after 10 years of age)	__Yes	__No	Who? _____	Explain: _____
Epilepsy/seizures/convulsions	__Yes	__No	Who? _____	Explain: _____
Alcoholism	__Yes	__No	Who? _____	Explain: _____
Drug abuse	__Yes	__No	Who? _____	Explain: _____
Mental disease	__Yes	__No	Who? _____	Explain: _____
Mental retardation	__Yes	__No	Who? _____	Explain: _____
AIDS/HIV	__Yes	__No	Who? _____	Explain: _____

Additional family history:

PAST MEDICAL HISTORY

Does your child have, or has he/she ever had:

Chickenpox	__Yes	__No	Who? _____	Explain: _____
Frequent ear infections	__Yes	__No	Who? _____	Explain: _____
Nasal allergies	__Yes	__No	Who? _____	Explain: _____
Hearing or vision problems	__Yes	__No	Who? _____	Explain: _____
Asthma, bronchiolitis or pneumonia	__Yes	__No	Who? _____	Explain: _____
Heart problems or murmurs	__Yes	__No	Who? _____	Explain: _____
Anemia or bleeding problems	__Yes	__No	Who? _____	Explain: _____
Blood transfusions	__Yes	__No	Who? _____	Explain: _____
Frequent headaches	__Yes	__No	Who? _____	Explain: _____
Constipation	__Yes	__No	Who? _____	Explain: _____
Urinary infections	__Yes	__No	Who? _____	Explain: _____
Bed-wetting (after 5 years old)	__Yes	__No	Who? _____	Explain: _____
(For girls) has she started her menstruation	__Yes	__No	Who? _____	Explain: _____
(For girls) are there problems with her periods	__Yes	__No	Who? _____	Explain: _____
Chronic or recurrent skin problems	__Yes	__No	Who? _____	Explain: _____
Frequent headaches	__Yes	__No	Who? _____	Explain: _____
Seizures or other neurologic problems	__Yes	__No	Who? _____	Explain: _____
Diabetes	__Yes	__No	Who? _____	Explain: _____
Thyroid disease	__Yes	__No	Who? _____	Explain: _____
Endocrine (hormonal) problems	__Yes	__No	Who? _____	Explain: _____
Drug use	__Yes	__No	Who? _____	Explain: _____
Other significant problem	__Yes	__No	Who? _____	Explain: _____