

Patient Name: _____

DOB: _____



NEW PATIENT QUESTIONNAIRE

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Smokers in the home? No Yes Child lives with: _____

BIRTH

1. What was the baby's birth weight? _____

2. Did the baby have any trouble while in the hospital? (Jaundice, infection, other) No Yes

What kind? _____

PAST MEDICAL HISTORY

1. Where has your child gone for well checkups until now? _____

2. Has your child ever had any allergic reactions to any medications, foods, insect bites? No Yes

To What? _____ When? _____

3. Has your child had reactions to any immunizations? No Yes

4. Any hospitalizations other than birth? No Yes

For what? _____ When? _____ Where? _____

5. Are any medications taken regularly? No Yes

Which ones? _____

6. Any prior surgeries? No Yes

What kind? _____ When? _____

REVIEW OF SYSTEMS:

Has your child had any of the following:

	No	Yes		No	Yes
Frequent ear infections			Bedwetting		
Problems with teeth			Problems with toilet training		
Frequent colds or sore throats					
Asthma, pneumonia or recurrent cough					
	No	Yes		No	Yes
Heart murmur or any heart problems			Bad temper		
Problems with urination			Hyperactivity		
Problems with diarrhea or constipation			Nightmares		
Convulsions/ nervous system problems			Speech problems		

Patient Name:

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Eczema, hives or other skin condition			Problems with discipline		
Anemic			Other Problems:		

DEVELOPMENTAL HISTORY

Are you concerned about your child's development? No Yes Why?_____

FAMILY HISTORY

Have any family members had the following:

	No	Yes	Who	Comments
Deafness				
Nasal Allergies				
Asthma				
Tuberculosis				
Heart disease (before age 50)				
High blood pressure (before age 50)				
High cholesterol				
Anemia				
Bleeding disorder				
Liver disease				
Kidney disease				
Diabetes (before age 50)				
Bed-wetting (after age 10)				
Epilepsy or convulsions				
Alcohol abuse				
Drug abuse				
Mental illness (depression, anxiety, etc)				
Mental retardation				
Immune problems, HIV, AIDS				
Thyroid problems				
Inherited illness				
Cancer				