



## Patient Questionnaire – Please fill out one Questionnaire per child

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

### **PAST MEDICAL HISTORY (For Patient being seen today)**

1. Any allergies to medications? Yes No  
If yes, then what are the symptoms and what happens? \_\_\_\_\_
2. Any Medications taken, if so, dosage? Yes No  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
3. Any Ear Infection? Yes No
4. Any pneumonia? Yes No
5. Has your child required any breathing treatments in the past? Yes No  
If yes, what kind? Saline Albuterol Pulmicor T Other: \_\_\_\_\_
6. Any urinary tract infections? Yes No
7. Any serious Accidents? Yes No  
If yes, details of accident and date (please use back of page if necessary): \_\_\_\_\_
8. Any operations? \_\_\_\_\_  
If yes, type and date: \_\_\_\_\_

### **FAMILY HISTORY (Please check and give relationship to your child)**

Allergies/Hay Fever	_____	Diabetic Mellitus	_____
Asthma	_____	Kidney Disease	_____
Bleeding Disorder/Hemophilia	_____	Lung Disease	_____
Cancer-Children	_____	Mental Retardation	_____
Cancer– Adults	_____	Seizures	_____
Cardiac Death < 50 years	_____	Thyroid Disease	_____
Cystic Fibrosis	_____	Tuberculosis	_____

### **SOCIAL HISTORY (Please check and give details)**

Siblings Name and Ages: \_\_\_\_\_ Parents are (circle one): Married Divorced Separated Single

\_\_\_\_\_ Parents Occupation:  
Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
\_\_\_\_\_

### **BIRTH AND DEVELOPMENT**

Birth Weight \_\_\_\_\_ Delivery: Vaginal or Caesarean If Caesarean, please give the reason: \_\_\_\_\_

At delivery, how many weeks gestation was the child: \_\_\_\_\_ Was oxygen needed at birth? \_\_\_\_\_

Were there any problems during the birth? If so, please describe: \_\_\_\_\_

Did the mother use any cigarettes, alcohol, recreational drugs or medications during the pregnancy? If so, what: \_\_\_\_\_

Was the child jaundice? \_\_\_\_\_ Age the child first walked? \_\_\_\_\_ School or Daycare attended: \_\_\_\_\_

**THANK YOU FOR YOUR HELP**