**ASSOCIATES IN FAMILY PRACTICE**
**12210 Plum Orchard Drive, Suite 212**
**Silver Spring, Maryland 20904**
**301-622-6020**

## PEDIATRIC HISTORY QUESTIONAIRE

**PATIENT'S NAME**:_____ **TODAY'S DATE**:_____
FIRST MIDDLE LAST
DATE OF BIRTH:_____ SSN:_____

IS THE PATIENT ALLERGIC TO ANY MEDICATION?: YES NO (CIRCLE ONE)
MEDICATION NAME:_____
PAST HOSPITIZATIONS:_____
PARENT CONCERNS:_____

## PREGNANCY AND BIRTH HISTORY
(PLEASE CIRCLE)

DID YOU HAVE ANY ILLNESS DURING YOUR PREGNANCY? YES NO
PLEASE LIST:_____
DID YOU TAKE ANY MEDICATIONS DURING PREGNANCY? YES NO
PLEASE LIST:_____
PATIENT'S WEIGHT AT BIRTH: _____LBS. _____OZ.
PATIENT WAS DELIVERED: VAGINAL?_____ C-SECTION?_____
DID THE PATIENT HAVE JAUNDICE? YES NO
DID THE PATIENT HAVE BREATHING PROBLEMS? YES NO
DID THE PATIENT HAVE ANY OTHER MEDICAL PROBLEMS AS A NEWBORN?_____
_____

ARE YOU BREAST OR BOTTLE FEEDING?:_____

## FAMILY HISTORY

PLEASE CIRCLE IS THERE IS ANY FAMILY HISTORY OF THE FOLLOWING DISEASES IN A **BLOOD** RELATIVE OF THE PATIENT:

| | | |
|---|---|---|
| DIABETES | STROKE | LEARNING DISABILITIES |
| ASTHMA | ANEMIA | ELEVATED CHOLESTEROL |
| SEIZURES | THYROID DISEASE | ALLERGIES |
| HEART DISEASE | CANCER | MENTAL ILLNESS/RETARDATION |
| KIDNEY DISEASE | SKIN PROBLEMS | HYPERACTIVITY |
| LIVER DISEASE | LUNG DISEASE | OBESITY |
| BIRTH DEFECTS | HIGH BLOOD PRESSURE | OTHER_____ |

ARE THE PATIENT'S PARENTS IN GOOD HEALTH?_____
ARE THE PATIENT'S SIBLINGS IN GOOD HEALTH?_____

## PEDIATRIC HEALTHCARE HISTORY

HAS THE PATIENT HAD ANY SIGNIFICANT ILLNESSES/SURGERIES?_____
IF SO, PLEASE DESCRIBE_____
HAS THE PATIENT HAD ANY BREATHING PROBLEMS?:_____
HAS THE PATIENT HAD ANY EAR PROBLEMS?:_____
HAS THE PATIENT EVER HAD A CONVULSION?:_____
HAS THE PATIENT HAD ANY DIGESTIVE OR EATING PROBLEMS?:_____
OTHER:_____

## IMMUNIZATIONS
(PLEASE GIVE DATES FOR THE FOLLOWING)

| | | |
|---|---|---|
| DTP_____ | HIB_____ | OPV_____ |
| DT_____ | MMR_____ | TB/PPD_____ |
| HEPATITIS B_____ | OTHER_____ | |