



PEDIATRIC HEALTH INFORMATION QUESTIONNAIRE (12 AND UNDER)

Child's Last Name _____ First _____ Today's Date _____

MEDICAL CARE INFORMATION Please answer these questions on behalf of your child

Pediatrician/Practice Name _____ Phone _____

Date of last visit _____ Reason _____

Medications your child is currently taking _____

Number of antibiotic Rx taken: _____ Number of other Rx taken: _____

Vaccination history: Up to date Delayed Exempt Have questions about vaccines

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e., a bed, changing table, down stairs, etc.) Does this apply to your child? Yes No

Is your child currently or previously been involved in any high impact or contact type sports? Yes No If yes, please describe:

Has your child ever been involved in a car accident? Yes No Date: _____

Has your child ever been seen in an emergency room? Yes No Date and reason: _____

PRENATAL HISTORY

Birth Attendant: OB CNM Lay Midwife Other

Location of Birth: Home Birthing Center Hospital Other

Complications during pregnancy: Yes No Please describe: _____

Ultrasounds during pregnancy: Yes No How many: _____

Medications during pregnancy: Yes No Please describe: _____

Drug use during pregnancy (include alcohol and tobacco): Yes No Please describe: _____

Birth intervention: Forceps Vacuum Cesarean: Planned or Emergency (circle one)

Complication during delivery: Yes No Please describe: _____

Birth weight: _____ Birth length: _____ APGAR score: _____

FEEDING HISTORY

Breast fed: Yes No How long? _____ Formula fed: Yes No How long? _____

Food allergies or intolerances: Yes No Please describe: _____

DEVELOPMENTAL HISTORY

Females only, onset of menstrual cycle: Yes No Age _____

Health concerns for your child, check all that apply:

- Digestion/Colic Constipation ADD/ADHD Developmental Delays Genetic Disorder Ear Infections Diarrhea Poor Diet
 Poor Posture Weak Immune Infections Asthma/Allergies Lack of Exercise Lack of Sleep Other