Medical Park Pediatrics

Medical History Questionnaire

Birth to 4 Years

STICKER HERE

Demographics

Child's name_____Adopted/foster care? ☐Y ☐N

Parent names_____Parents married? ☐ Y ☐N

Siblings names and ages _____

Others living in the home_____Smokers in household? ☐ Y ☐N

Daycare or preschool? Y N (School Name_____) Pets in home_____

Birth History

Place of birth_____ Birth weight_____

Problems during pregnancy_____

Premature? N Y (How many weeks?_____)

Birth method ☐ vaginal ☐c-section

Problems after birth? _____

_____

Name and Location of Prior Medical Provider

_____

Family Health History

(which family member)

Asthma/allergy_____

Birth defect_____

Delayed development_____

Diabetes_____

Sudden heart death_____

Death before age 50_____

Depression/anxiety_____

Serious childhood illness_____

Other_____

Medications/ Allergies/ Immunizations

Medications_____

Vitamins/supplements_____

Medication allergies:_____

Immunizations up-to-date? ☐Y ☐N ☐not sure

Personal Health History

(please indicate if your child has a history of any of the following)

Skin

☐cold sores
☐eczema
☐frequent diaper rash

Ear, Eye, Nose, Throat

☐trouble seeing/glasses
☐lazy eye (strabismus)
☐hearing loss
☐frequent ear infections
☐frequent throat infections

Respiratory

☐asthma
☐pneumonia

Allergy/Immune system

☐Seasonal/environmental allergy_____
☐Food allergy_____
☐Anaphylaxis

Gastrointestinal

☐Reflux disease
☐Frequent constipation

Cardiac

☐Heart disease or surgery

Genitourinary

☐Urinary tract infection

Neurologic

☐Seizures or epilepsy
☐Concussion/head injury

Developmental/Behavioral

☐Autism
☐Growth delay
☐Speech delay
☐Other issues_____

Other illness_____

Hospitalizations_____

Surgery_____