

# Patient Questionnaire

Patient Name: \_\_\_\_\_ Completed by: \_\_\_\_\_ Relation: \_\_\_\_\_

REASON FOR TODAY'S VISIT: \_\_\_\_\_

Previous medical care - Dr. \_\_\_\_\_ Dental Care: Y N \_\_\_\_\_ Eye Exam: Y N \_\_\_\_\_

*Please circle Y or N and explain where required. N/A - Not Applicable*

## PREGNANCY & BIRTH

1. Mother's age at pregnancy? \_\_\_\_\_
2. Any illness during pregnancy? Y N \_\_\_\_\_
3. Medications during pregnancy?  
*(exclude vitamins & iron)* Y N \_\_\_\_\_
4. Smoking-alcohol-street drugs during pregnancy? Y N \_\_\_\_\_
5. Was baby early - late - on time? \_\_\_\_\_
6. Type of delivery? \_\_\_\_\_
7. Birth weight: \_\_\_\_\_
8. Complications? Y N \_\_\_\_\_
9. Problems with baby at birth?  
Breathing? \_\_\_\_\_  
Jaundice? \_\_\_\_\_  
Other? \_\_\_\_\_
10. Problems soon after? Nursery or home? Y N \_\_\_\_\_

## PAST MEDICAL HISTORY

1. Allergic Reactions?
 

Medicine?	Y N	_____
Food?	Y N	_____
Animals?	Y N	_____
Insect Bites?	Y N	_____
2. Medications taken on a regular basis? *(exclude vitamins)* \_\_\_\_\_
3. Immunizations up to date? Y N  
Do you have a record? Y N
4. Hospitalizations *(when-where-why?)* Y N \_\_\_\_\_
5. Serious injuries *(when-where?)* Y N \_\_\_\_\_
6. Illnesses?
 

Chicken Pox	Y N	Anemia	Y N
Red Measles	Y N	Eczema	Y N
Scarlet Fever	Y N	Mumps	Y N
Rheumatic fever	Y N	Asthma	Y N
Whooping Cough	Y N	Seizures	Y N
Bleeding tendency	Y N	Hepatitis	Y N
Problems w/ Hearing	Y N		
German (3 day) Measles	Y N		

Recurring Infections:

Ear	Y N
Throat	Y N
Other	_____
7. Surgery Y N \_\_\_\_\_
8. Chronic Illness? Y N \_\_\_\_\_
9. Does your child see a specialist? Y N \_\_\_\_\_

## FEEDING & NUTRITION

1. Appetite usually good? Y N \_\_\_\_\_
2. Colic or feeding problems during first 3 months? Y N \_\_\_\_\_
3. Breast fed? Y N No. of Months? \_\_\_\_\_
4. Formula? Y N Current brand? \_\_\_\_\_
5. Vitamins? Y N \_\_\_\_\_
6. Fluoride? Y N \_\_\_\_\_
7. Special diet? Y N \_\_\_\_\_

## FAMILY MEDICAL HISTORY

List all blood relatives of your child who have had the following problems. Use abbreviations: (F) Father, (M) Mother, (B) Brother, (S) Sister, (MM) Mother's Mother, (MF) Mother's Father, (FM) Father's Mother, (FF) Father's Father, (A) Aunt, (U) Uncle, (C) Cousin.

- |                             |                           |
|-----------------------------|---------------------------|
| Anemia/Blood Disorder _____ | Epilepsy/Seizures _____   |
| Asthma _____                | Heart Disease _____       |
| Mental Retardation _____    | High Blood Pressure _____ |
| Drug Problem _____          |                           |
| Alcoholism _____            | Cholesterol Problem _____ |
| Cancer _____                |                           |
| AIDS _____                  | Migraine _____            |
| Cystic Fibrosis _____       | Sudden Infant Death _____ |
| Musc. Dystrophy _____       | Birth Defects _____       |
| Tuberculosis _____          | Early Deafness _____      |
| Arthritis _____             | Other _____               |

## DEVELOPMENT & BEHAVIOR

1. Age at which child:  
Sat alone \_\_\_\_\_ Walked \_\_\_\_\_ Used Sentences \_\_\_\_\_  
Toilet Trained \_\_\_\_\_ Bicycled \_\_\_\_\_
2. Development compared to other children? \_\_\_\_\_
3. Grade in school \_\_\_\_\_
4. Problems in school? Y N \_\_\_\_\_
5. Learning difficulties? Y N \_\_\_\_\_
6. Getting along with other children? Y N \_\_\_\_\_
7. Behavior Problems? Y N \_\_\_\_\_
8. Bad Habits? Y N \_\_\_\_\_
9. Bed wetting? Y N Nail biting? Y N Sleeping? Y N
10. Hobbies-sports-social activities? \_\_\_\_\_

## FAMILY PROFILE

- Parents are (circle one): Married Separated Divorced
- Father's age? \_\_\_\_\_ Highest school grade? \_\_\_\_\_
- Mother's age? \_\_\_\_\_ Highest school grade? \_\_\_\_\_

(LIST BROTHERS & SISTERS & THEIR AGES)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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