BIRTH THRU 16 YRS.

PEDIATRIC PATIENT QUESTIONNAIRE

Completed by: Relation:

Please check yes or no, circle or ??? where required. N/A-Not Applicable

Previous medical care — Dr.

Dental Care: ☐ YES ☐ NO

PREGNANCY & BIRTH

Mother's age at pregnancy?

Any illness during pregnancy? ☐ YES ☐ NO

Medications during pregnancy? ☐ YES ☐ NO

(exclude vitamins & iron)

Smoking – alcohol – street drugs – during pregnancy?

Was baby early – late – on time?

Type of delivery? Birth weight: Length:

Complications? ☐ YES ☐ NO Apgar:

Problems with baby at birth? Breathing ☐ YES ☐ NO Jaundice: ☐ YES ☐ NO

Other

Problems soon after? Nursery or home?

PAST MEDICAL HISTORY

Allergic reactions? Medicine: ☐ YES ☐ NO

Food: ☐ YES ☐ NO Animals: ☐ YES ☐ NO Insect Bites: ☐ YES ☐ NO

Medications taken on a regular basis? (exclude vitamins)

Immunizations — up to date? ☐ YES ☐ NO Do you have record? ☐ YES ☐ NO

Hospitalizations — (when-where-why?)

Serious injuries (when-where?)

	YES	NO		YES	NO		YES	NO
Red Measles	☐	☐	Mumps	☐	☐	German Measles (3 day)	☐	☐
Chicken Pox	☐	☐	Whooping Cough	☐	☐	Rheumatic Fever	☐	☐
Scarlet Fever	☐	☐	Ear Infections	☐	☐	strep Throat	☐	☐
Asthma/Wheezing	☐	☐	Eczema/Hives	☐	☐	Seizures	☐	☐
Anemia	☐	☐	Hepatitis	☐	☐	Problems with hearing	☐	☐
Bleeding Tendency	☐	☐	Urinary Infections	☐	☐	Problems with vision	☐	☐
Blood Transfusions	☐	☐	Joint Problems	☐	☐	Other	☐	☐

FEEDING & NUTRITION

Food Allergies

Appetite usually good? ☐ YES ☐ NO

Colic or feeding problems during the first 3 months ☐ YES ☐ NO

Breast Fed? ☐ YES ☐ NO Number of months?

Formula? ☐ YES ☐ NO Current brand?

Vitamins ☐ YES ☐ NO Brand? Fluoride? ☐ YES ☐ NO

FAMILY PROFILE

Parents ☐ MARRIED ☐ SEPARATED ☐ DIVORCED

Father's age? Highest school grade? Health?

Mother's age? Highest school grade? Health?

(List child's brothers, sisters & their ages)

FAMILY MEDICAL HISTORY

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

Anemia/Blood Dis

Asthma

Mental Retardation

Drug Problem

Alcoholism

Cancer

Aids

Cystic Fibrosis

Musc. Dystrophy

Tuberculosis

Arthritis

Epilepsy / Seizures

Heart Disease

High Blood Pressure

Cholesterol Problem

Migraine

Sudden Infant Death

Birth defects

Early Deafness

Diabetes

DEVELOPMENT & BEHAVIOR

Age at which child

Sat alone Walked Used sentences

Toilet trained Bicycled

Development compared to other children?

Grade in school Problems in school? ☐ YES ☐ NO

Learning problems? ☐ YES ☐ NO

Getting along with other children? ☐ YES ☐ NO

Behavior problems? ☐ YES ☐ NO

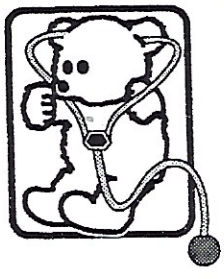
Bad habits? ☐ YES ☐ NO Bedwetting? ☐ YES ☐ NO

Nail biting? ☐ YES ☐ NO Sleeping? ☐ YES ☐ NO

Hobbies-sports-

Use of street or illegal drugs? ☐ YES ☐ NO

SYNOPSIS



PURI PEDIATRIC Medical Group, Inc.

Diplomate, American Board of Pediatrics

Veena Puri, MD, FAAP

Hari Puri, MD, FAAP