

SHORE FUN PEDIATRICS

Initial History Questionnaire	NAME _____
Form Completed By _____ Date Completed _____	ID NUMBER _____
	BIRTH DATE _____ AGE _____ M _____ F _____

Household

Please list all those living in the child's home.

Name	Relationship To child	Birth Date	Health Problems	
				Are there siblings not listed? If so, please list their names and ages and where they live. _____
				If mother and father are not living together or if child does not live with parents, what is the child's custody status? _____
				If one or both parents are not living in the home, how often does he/she see the parent/parents not in the home? _____

Birth History

Birth weight _____ Was the baby born at term? _____ Early? _____ Late? _____ If early, how many weeks' gestation? _____ Did mother have any illness or problem with her pregnancy? ___ Yes ___ No Explain _____ During pregnancy, did mother Smoke ___ Yes ___ No Drink Alcohol ___ Yes ___ No Use drugs or medications ___ Yes ___ No What _____ When _____	Was the delivery ___ Vaginal? ___ Cesarean? If cesarean, why? _____ Did your baby have any problems right after birth? ___ Yes ___ No Explain _____ Was initial feeding ___ Breast? ___ Bottle? Did your baby go home with mother from the hospital? ___ Yes ___ No Explain _____
--	---

General

Do you consider your child to be in good health?	___ Yes ___ No	Explain _____
Does your child have any serious illness or medical condition?	___ Yes ___ No	Explain _____
Has your child had serious injuries or accidents?	___ Yes ___ No	Explain _____
Has your child had any surgery?	___ Yes ___ No	Explain _____
Has your child ever been hospitalized?	___ Yes ___ No	Explain _____
Is your child allergic to any medicine or drugs?	___ Yes ___ No	Explain _____

Development

Are you concerned about your child's physical development?	___ Yes ___ No	Explain _____
Are you concerned about your child's mental or emotional development?	___ Yes ___ No	Explain _____
Are you concerned about your child's attention span?	___ Yes ___ No	Explain _____
If your child is in school:		
How is his/her behavior in school?	_____	
Has he/she failed or repeated a grade in school?	_____	
How is he/she doing in academic subjects?	_____	
Is he/she in special or resource classes?	_____	