

CARMEL PEDIATRICS, PA MEDICAL QUESTIONNAIRE

BIRTH HISTORY

PATIENT NAME: _____ MED. RCD # _____ BREASTFED / FORMULA _____
(OFFICE USE)
TERM / PRETERM (WEEKS GESTATION) _____ C-SECTION / VAGINAL _____
BIRTH WEIGHT: _____ LBS. _____ OZ. DISCHARGE WEIGHT _____ LBS. _____ OZ.
MATERNAL COMPLICATIONS: _____
NEWBORN COMPLICATIONS: *NONE / TRAUMA* _____
INFECTION _____ *JAUNDICE* _____ *COLIC* _____ *MILK ALLERGY* _____

DEVELOPMENTAL HISTORY (GIVE APPROXIMATE AGE / MILESTONE REACHED)

SMILE _____ *ROLL* _____ *SIT* _____ *WALK* _____ *MAMA/DADA* _____ *WORDS* _____ *SENTENCES* _____
USE CUP _____ *TOILET TRAINED* _____ *DRESS SELF* _____ *RIDE TRICYCLE* _____ *RIDE BIKE* _____

PAST MEDICAL HISTORY

MAJOR DISORDERS / DISEASES _____
FREQUENT MINOR ILLNESS(ES) _____
ACCIDENT(S) / INJURY(IES) _____
HOSPITALIZATIONS (DIAGNOSIS & DATES) _____
SURGERIES (AGE): *EAR TUBES* _____ *ADENOIDS / TONSILS* _____ *HERNIA* _____ *OTHER* _____
ALLERGIES: _____
MEDICATIONS: _____ MENSES (FEMALE PERIOD)? *YES / NO* AGE BEGAN _____
IMMUNIZATIONS UP TO DATE? *YES / NO / DON'T KNOW* CHICKEN POX? *YES / NO*

FAMILY HISTORY (CHECK ALL THAT APPLY TO IMMEDIATE FAMILY AND GRANDPARENTS)

ADOPTED _____ / _____ / _____ *DEPRESSION* _____ *MIGRAINE HEADACHES* _____ *ALLERGY* _____ *ECZEMA* _____
MENTAL ILLNESS _____ *ALCOHOLISM* _____ *EPILEPSY* _____ *MENTAL RETARDATION* _____ *ANEMIA* _____ *ASTHMA* _____
FEBRILE SEIZURES _____ *NEUROFIBROMATOSIS* _____ *HEART DISEASE* _____ *SICKLE CELL* _____ *ATTENTION DEFICIT* _____
HIGH BLOOD PRESSURE _____ *STROKE* _____ *CANCER* _____ *HIGH CHOLESTEROL* _____ *THYROID DISEASE* _____
CHROMOSAL _____ *KIDNEY DISEASE* _____ *DIABETES* _____ *LUNG DISEASE* _____ *OTHER* _____

SOCIAL HISTORY

NATURAL PARENTS: *MARRIED* _____ *SEPERATED* _____ *DIVORCED* _____ *WIDOWED* _____
NAMES AND AGES OF SIBLINGS: _____
PATIENT LIVES WITH (ALL IN HOUSEHOLD) _____
PETS: _____ SMOKERS: _____ WATER: *CITY OR WELL* _____
DIET CONCERNS _____
DAYCARE/SCHOOL NAME _____
ACADEMICS: *POOR* _____ *FAIR* _____ *GOOD* _____ *EXCELLENT* _____ GRADE LEVEL: _____
BEHAVIORAL PROBLEMS _____
FAMILY STRESS (I.E. RECENT DEATH) _____