

PEDIATRIC - PATIENT QUESTIONNAIRE

Completed by Relation

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

Name: Date of Birth:

Reason for today's visit:

Previous medical care - Dr. Dental Care ☐ Y ☐ N Eye Exam ☐ Y ☐ N**PREGNANCY & BIRTH** Mother's age at pregnancy?Any illness during pregnancy? ☐ Y ☐ NMedications during pregnancy? ☐ Y ☐ N

(exclude vitamins & iron)

Smoking - alcohol - street drugs - during pregnancy?

Was baby early - late - on time?

Type of delivery? Birth weight Length

Complications? ☐ Y ☐ N ApgarProblems with baby at birth? Breathing ☐ Y ☐ N Jaundice ☐ Y ☐ N

Other

Problems soon after? Nursery or home?

PAST MEDICAL HISTORY Allergic reactions? Medicine ☐ Y ☐ N Food ☐ Y ☐ N Animals ☐ Y ☐ NInsect bites ☐ Y ☐ N

Medications taken on a regular basis? (exclude vitamins)

Immunizations - up to date? ☐ Y ☐ N Do you have a record? ☐ Y ☐ N

Hospitalizations - (when-where-why?)

Serious injuries (when-where?)

Red Measles ☐ Y ☐ N Mumps ☐ Y ☐ N German Measles (3 day) ☐ Y ☐ NChicken Pox ☐ Y ☐ N Whooping Cough ☐ Y ☐ N Rheumatic Fever ☐ Y ☐ NScarlet Fever ☐ Y ☐ N Recurrent Ear infect(s) (3 or more) ☐ Y ☐ N Throat ☐ Y ☐ NAsthma/Wheezing ☐ Y ☐ N Eczema/Hives ☐ Y ☐ N Seizures ☐ Y ☐ NAnemia ☐ Y ☐ N Hepatitis ☐ Y ☐ N Problems with - hearing ☐ Y ☐ NBleeding Tendency ☐ Y ☐ N vision ☐ Y ☐ NBlood Transfusions ☐ Y ☐ N Other ☐ Y ☐ N**FEEDING & NUTRITION** Food AllergiesAppetite usually good? ☐ Y ☐ NColic or feeding problems during the first 3 months? ☐ Y ☐ NBreast fed? ☐ Y ☐ N Number of month's? ☐ Y ☐ NFormula? ☐ Y ☐ N Current brand?Vitamins? ☐ Y ☐ N Brand Fluoride? ☐ Y ☐ NSpecial Diet? ☐ Y ☐ N**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)

Do any members of the household smoke? ☐ Y ☐ N**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 father, (FM) Father's 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

Any Others

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? ☐ Y ☐ NLearning problems? ☐ Y ☐ NGetting along with other children? ☐ Y ☐ NBehavior problems? ☐ Y ☐ NBad habits? Bedwetting? ☐ Y ☐ NNail biting? ☐ Y ☐ N Sleeping? ☐ Y ☐ N Hobbies - sports - social activities?Use of street or illegal drugs? ☐ Y ☐ N**SYNOPSIS**

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SIGNATURE:

DATE: