	Health Conditions (When diagnosed/Spec	cialist Name)
Name:		
Date of Birth://	☐ Wheezing	
AKA (nickname):	Pneumonia	
Today's Date:/	☐ Ear Infections	
	☐ ENT Disorders	
BIRTH HISTORY	☐ Hearing Problems	
Place of Birth	☐ Vision Problems	
Birth Weight		
Problems at Birth   N Y	□ Diaddau/Huina Intationa	
	□ Fractures	
Number of days in the hospital #		
Premature? $\square$ N $\square$ Y If so, how much?	□ Other	
	MEDICATIONS Dresswip ad and over the	
MEDICAL HISTORY	<u>MEDICATIONS</u> Prescribed and over-the-control of the control of th	
Hospitalizations		ics.
• Why?	MEDICATION DOSE	TIMES PER DAY
When?		
Where?		
• Why?		
When?		
Where?		
Surgeries □ N □ Y  • Type of surgery?		1
Type or sargery.		
When? Where?	Please provide us with a copy of your thin	d's
<ul><li>wnere?</li><li>Type of surgery?</li></ul>	imminization record prior to volir appoin	ıtment. If yoι
		we can assist
When? Where?		e of your
Allergies to Medications	VISIT VALLWILL BE SCREATED SIGN 3 PECARA FO	lease so that
Medication Reaction	we may obtain these records. You will ne	ed to provide
	us with the name and/or location of the f	acility at
	which we can request records.	
<b>Environment/Food Allergies</b> □ N □ Y	Has your child been seen by any other he	
Allergy Reaction	provider from whom we should request r	
	□ N □ Y Who?	
	St.JosephHe	aum
Name	Medical G	
HALLIC	1	

MRN \_\_\_\_\_

PEDIATRIC HEALTH QUESTIONNAIRE: Page 1 of 2

MEDICATION   DOSE   TIMES PER DAY    Tobacco Use During Pregnancy:   Never   Cigarettes   Packs/day   Other    Alcohol Intake During Pregnancy:   Yes   No   Drinks/wk   Is alcohol a concern for you/others?   Y   N  Drug Use During Pregnancy:   What Kind?    FAMILY HISTORY OF CHILD  FAMILY HISTORY Check all that apply   Tobacco Use During Pregnancy:   Tobacco Use During Pregnancy:   What Kind?    Father   Tobacco Use During Pregnancy:   Yes   No   Drinks/wk   Is alcohol a concern for you/others?   Y   N  What Kind?   Tobacco Use During Pregnancy:   Yes   Yes		me rei	···caica												
Cigarettes   Packs/day   Other	MEDICA	ATION				DC	SE					TIMES	PER DA	ΛY	
Cigarettes   Packs/day   Other															
Cigarettes   Packs/day   Other															
Alcohol Intake During Pregnancy:   Yes   No   Drinks/wk   Is alcohol a concern for you/others?   Y   N   Drug Use During Pregnancy:   Non-legalized drugs?   Y   N   What Kind?     Yes   N   Non-legalized drugs?   Y   N   What Kind?     Yes   N   N   N   N   N   N   N   N   N	obacco Use During Pr	egnan	cy:												
Is alcohol a concern for you/others?				☐ Cigarettes ☐ Packs			acks	/day							
Is alcohol a concern for you/others?	John Intaka During I	Dregna	ncv.	∏ Vec	□ No	ПГ	)rink	حاريدار							
Practical Grandfather Maternal Grandfather Maternal Grandfather Paternal	aconoi miake During i	riegiid	iiicy.								' □N				
Non-legalized drugs?	rug Use During Pregn	ancv		is aicul	ioi a CC	יוונפו	11 101	you	, other	J: ∐ĭ	□IV				
FAMILY HISTORY Check all that apply Check all that		•	N	\//ha+ \/	ind?										
FAMILY HISTORY Check all that apply Check all that	ion-legalized drugs:		IV	vviiatin	u: _										
Father  Mother  Maternal Grandfather  Maternal Grandmother  Paternal Grandfather  Paternal Grandmother  Paternal Grandmother  Brothers  Brothers  Description of the parent that is not living in the household?  Paternal Grandmother  Paternal Grandmother  Paternal Grandmother  Brothers  Description of the parent that is not living in the household?  Paternal Grandmother  Pa	AMILY HISTORY OF CH	HILD													
Father  Mother  Maternal Grandfather  Maternal Grandmother  Paternal Grandfather  Paternal Grandmother  Paternal Grandmother  Brothers  Description:  Descri	FAMILY LUCTORY				gnu				-	10	>		cts		
Father  Mother  Maternal Grandfather  Maternal Grandmother  Paternal Grandfather  Paternal Grandmother  Paternal Grandmother  Brothers  Description:  Descri			al h der	)/ ing ders	ol/Dr	<u>.</u>	emia	ites	Blood	stero	rator der	Se	defe	re	e of
Father  Mother  Maternal Grandfather  Maternal Grandmother  Paternal Grandfather  Paternal Grandmother  Paternal Grandmother  Brothers  Brothers  Description:  Descriptio	check an ende apply	AGE	Ment health disord	ADHD Learn Disor	Alcoh abuse	Cance	Leuke	Diabe	High I Press	High Chole	Respi disorc	Heart disea:	Birth	Seizur	Cause
Mother  Maternal Grandfather  Maternal Grandmother  Paternal Grandmother  Paternal Grandmother  Brothers  Disters  Description of the parent that is not living in the household?  Description of the parent that is not living in the household?  Description of the parent that is not living in the household?  Description of the parent that is not living in the household?  Description of the parent that is not living in the household?  Description of the parent that is not living in the household?	ather			`	1 13									"	
Maternal Grandmother Paternal Grandfather Paternal Grandmother Brothers  Sisters  Description: D															
Paternal Grandfather Paternal Grandmother Brothers  Sisters  Description:  Description															
Paternal Grandmother Brothers  Sisters  Oes your child spend time with a parent that is not living in the household?  Paternal Grandmother  Oes your child spend time with a parent that is not living in the household?  Oes ease explain:															
Brothers  Sisters  Oes your child spend time with a parent that is not living in the household?  Page 2 Page 2 Page 3 Pag															
oes your child spend time with a parent that is not living in the household?														+	
oes your child spend time with a parent that is not living in the household?	Tottlers														
oes your child spend time with a parent that is not living in the household?   — Yes — No ease explain:															
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ease explain:	ses vour child spend tir	ne wit	h a nar	ent that	is not	livin	σin t	he h	ouseho	JI45		Ves 🗆	Nο		
•												ics _	110		
ease list all people living in your child's household:															
	ease list all people livin	ig in yo	our chil	d's hous	sehold	:									
hat are your current concerns?  St.JosephHealt  Medical Grou	hat are your current co	oncern	s?												