

Killeen Pediatric Care Clinic P.A.
4102 S. Clear Creek Ste 107, Killeen TX 76549

Pediatric -- Patient Questionnaire

PT Name: _____ Date: _____ Completed By: _____ Relation: _____ Prev. Dr. _____ Reason for today's Visit: _____	
<p>PREGNANCY AND BIRTH</p> Mothers age at pregnancy? _____ Any illness during pregnancy? Y N _____ Medications during pregnancy? Y N _____ _____ (exclude vitamins & iron) During Pregnancy: Smoking Alcohol Street drugs Was baby: Early # of wks Late On time Type of Delivery: Birth Weight: _____ Length: _____ Complications? Y N _____ Problems 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 N Insect bites Y N Medication taken on a regular basis? (exclude vitamin) _____ 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 N Chicken Pox Y N Whooping Cough Y N Rheumatic Fever Y N Scarlet Fever Y N Eczema/Hives Y N Seizures Y N Anemia Y N Hepatitis Y N Asthma/Wheezing Y N Recurrent Ear Infections (3 or more) Y N Throat Y N Problems with? Hearing Y N Vision Y N Blood Transfusions? Y N Bleeding tendency? Y N Other? _____	<p>Family Medical History: List all blood relatives of your child who have had the following problems, Use abbrev. ((F) Father (M) Mother (S) Sister (B) Brother (MM) Mother's Mother (MF) Mother's Father (FM) Father's Mother (FF) Father's Father (A) Aunt (U) Uncle (C) Cousin</p> Anemia/Blood Dis _____ Asthma _____ Allergies/Sinus _____ 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 _____ Mental Retardation _____ Mental Illness _____ ADHD _____
<p>Feeding & Nutrition</p> Food Allergies? _____ Appetite usually good? Y N Colic or feeding problems during the first 3 months? Y N Breast feed? Y N Number of Months? _____ Formula? Y N Current Brand? _____ Vitamins? Y N Brand? _____ Fluoride? Y N Special Diet? _____ Family Profile: Parents (circle): Married - Separated - Divorced - Single Father's Age? _____ Highest school grade? _____ Health? _____ Mother's Age? _____ Highest school grade? _____ Health? _____ Mother's occupation? _____ Father's occupation? _____ Smoking? Y N Who: _____ Pets? Y N What type of pets? _____ List Child's brothers, sisters and their ages? _____ _____ _____	<p>Development & Behavior</p> Age at which: Sat Alone _____ Walked _____ Used Sentences _____ Toilet trained _____ Bicycled _____ Development compared to other children? _____ Learning Problems? Y N Gets along with other children? Y N Behavior Problems? Y N Speech Problems? Y N Bad Habits? Y N Bedwetting? Y N Nail Biting? Y N Sleeping? Y N Hobbies - Sports - Social Activities? _____ _____ Use of street or illegal drugs? Y N _____ Grades in school? _____ Problems in School? _____ Language Spoken at Home? _____