Growing Healthy Children
Growing Children Happy and Healthy

HEALTH QUESTIONNAIRE

Patient Name | DOB

Fill out a page for each child

INSTRUCTIONS: Please **print or write legibly**. Fill additional sheets out for each child.
Only one (1) SOCIAL AND FAMILY History form needs to be completed. Comment on specifics.

MEDICATIONS:

List all current medications and strengths your child is on:

_____

_____

_____

ALLERGIES:

- ❑ Drug Allergies: List all: _____
- ❑ Allergic Rhinitis
- ❑ Asthma
- ❑ Urticaria (hives)
- ❑ Eczema / chronic dry skin
- ❑ Food intolerance

NEWBORN PERIOD:

- ❑ Vaginal Delivery
- ❑ C-Section
- ❑ Difficult Delivery
- ❑ Term
- ❑ Premature
- ❑ Birth Weight _____
- ❑ Jaundice?
- ❑ Phototherapy?
- ❑ Heart or Lung Problems
- ❑ Feeding Problems
- ❑ Delayed Discharge Home from Nursery
- ❑ Other _____

FEEDING AND DIGESTION:

- ❑ Breast Fed
- ❑ Bottle Fed
- ❑ Appetite Poor
- ❑ Vomiting
- ❑ Chronic Loose Stools
- ❑ Constipation Issues
- ❑ Other _____

INFECTIONS, DEVELOPMENT, MISCELLANEOUS PROBLEMS:

- ❑ Dental Problems
- ❑ Developmental Delays
- ❑ Eye Problems (Glasses, Etc.)
- ❑ Frequent Sore Throats
- ❑ Frequent Ear Infections
- ❑ Hearing Loss
- ❑ Heart Problems
- ❑ Elevated Blood Pressure
- ❑ Seizures
- ❑ Pneumonia
- ❑ Pica (Eating Dirt, Plants, Etc.)
- ❑ Orthopedic Problems
- ❑ Kidney or Bladder Infections
- ❑ Bed Wetting
- ❑ Down Syndrome
- ❑ Other _____

SURGICAL PROCEDURES and HOSPITALIZATIONS:

- ❑ Tonsillectomy, Adenoidectomy and/or Ear Tubes
- ❑ Other Surgical Procedures
- ❑ Serious Injuries (Concussions, Broken Bones, Etc.)
- ❑ Hospitalizations: _____

PSYCHOLOGICAL PROBLEMS:

- ❑ Antisocial Behavior
- ❑ ADHD Issues
- ❑ Drug Use / Abuse
- ❑ Discipline Problems
- ❑ Breath Holding
- ❑ School Adjustment Problems
- ❑ Peer Relationships
- ❑ Tics / Nervous Habits
- ❑ Learning Disability
- ❑ Nightmares
- ❑ Temper Tantrums
- ❑ Anxiety
- ❑ Speech Problems
- ❑ Poor School Performance
- ❑ Other: _____

Please continue to the next page ⟶