

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

## ***PATIENT HISTORY QUESTIONNAIRE***

Please mark the appropriate response to the questions listed below and return this form to your nurse when you are called back for your visit.

### **The child / patient is Living IN or WITH: (Please circle Y or N )**

Parents	Y	N
# of Sisters	Y	_____
# of Brothers	Y	_____
Step Family	Y	N
Relatives (Not Parents)	Y	N
Significant Other	Y	N
Roommate	Y	N
Foster Home	Y	N
Group Home	Y	N
Homeless Shelter	Y	N
Poverty Conditions	Y	N
Awaiting DSS Investigation	Y	N
Legal Guardian	Y	N

### **Education**

<b>Daily Care of Child</b>	Y	N
<b>Day – Care</b>	Y	N
<b>Currently in School</b>	Y	N
Public	Y	N
Private	Y	N
Home	Y	N
Pre-K	Y	
Kindergarten	Y	
Grade 1	Y	
Grade 2	Y	
Grade 3	Y	
Grade 4	Y	
Grade 5	Y	
Grade 6	Y	
Grade 7	Y	
Grade 8	Y	
Grade 9	Y	
Grade 10	Y	
Grade 11	Y	
Grade 12	Y	
Having any Difficulites	Y	N
Excelling	Y	N

## **ENVIRONMENT**

### **Home Living Environment**

**(Please circle Y or N)**

Exposure to cigarette smoke at home?	Y	N
Guns In Home	Y	N
Pets or Other Animals	Y	N
Dog (s)	Y	N
Cat (s)	Y	N
Any life changing circumstances or events?	Y	N
Divorce	Y	N
Family Problems	Y	N
Job Change	Y	N
Financial	Y	N
Violent traumatic event	Y	N
Tobacco Use	Y	N
Alcohol	Y	N
Drug Use	Y	N



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***PATIENT MEDICAL HISTORY***

Please indicate if the patient (your child) currently has or have had a history of the diseases or conditions listed below:

Abuse/Neglect	Y	N			Headache	Y	N		
Allergic Rhinitis	Y	N			Hearing Loss	Y	N		
Anemia	Y	N			Heart Murmur – Benign	Y	N		
Asthma	Y	N			Immunologic Disorders	Y	N		
Mild Intermittent	Y	N			Jaundice	Y	N		
Mild Persistent	Y	N			Mental Illness	Y	N		
Moderate Persistent	Y	N			Migraine ( with Aura)	Y	N		
Severe Persistent	Y	N			Migraine (without Aura)	Y	N		
ADD / ADHD	Y	N			Mononucleosis	Y	N		
Blood Disorders	Y	N			Mumps	Y	N		
Cancer	Y	N			Otitis Media – Frequent (Ear Infections)	Y	N		
Cerebral Palsy	Y	N			Pneumonia	Y	N		
Chickenpox	Y	N			Preterm Infant	Y	N		
Concussion	Y	N			RSV	Y	N		
Congenital Heart Disease	Y	N			Seizure Disorder	Y	N		
Congenital Malformations	Y	N			Sinusitis – Multiple	Y	N		
Constipation	Y	N			Special Education	Y	N		
Mental Retardation	Y	N			Speech Difficulties	Y	N		
PDD / ASD	Y	N			Tuberculosis	Y	N		
Specific Disorder	Y	N			Urinary Tract Infection	Y	N		
Diabetes Mellitus	Y	N			Vesicoureteral Reflux	Y	N		
Drug-Related Disorders	Y	N			Prev. Hospitalizations				
Eczematoid Dermatitis	Y	N			Prior Surgery / Surgeries				
Enuresis	Y	N							
Febrile Convulsion	Y	N							
Fracture	Y	N							