

PROVIDENCE MEDICAL GROUP SHERWOOD

CHILDREN'S HEALTH QUESTIONNAIRE

Please provide information which will help construct a more complete health record for you child.
Complete as much of the form as is appropriate for your child's age.

Childs Name: _____ Birth Date: _____

Parent's Names: _____

PERINATAL HISTORY:

Birthplace (hospital) _____ Birth Weight _____

List any major problems during pregnancy (infection, premature labor, diabetes, etc.): _____

List any major problems with the delivery or birth (emergency c-section, trouble breathing, breech presentation, etc.): _____

List any major problems during the first two months of life (jaundice, infection, feeding problems, etc.): _____

MEDICAL HISTORY:

List any chronic or recurrent medical problems your child has experienced (asthma, allergies, ear infections, constipation, growth problems, etc.): _____

List any medication that your child takes regularly: _____

List any surgeries that your child has had: _____

List any major injuries or trauma your child has experienced (broken bones, concussions, etc.): _____

List the year and reason for any overnight, or longer, hospital stays for your child: _____

List any allergies (food, medicines, pollens, etc.): _____

IMMUNIZATIONS:

It is always important to know your child's immunization status, regardless of age. Please indicate below whether you believe your child's immunizations are current. Also, please provide a copy of his/her immunization record that we may reproduce for our chart.

Immunizations current _____ Not current _____

FAMILY HISTORY:

List any family history of inherited disease or illnesses/health problems that tend to run in the family (asthma, allergies, heart disease, diabetes, etc.) _____

SOCIAL HISTORY:

Mother's occupation: _____ Father's occupation: _____

Who does the child live with: _____

Who cares for the child during the day: _____

Who lives in your child's household: _____

Does anyone smoke in the home? _____ Pets: _____

School progress, if applicable:

Academic: _____

Social: _____

Athletic: _____

Any recent significant changes in the child's home, school, or social situation that may be affecting him or her: _____

ADDITIONAL CONCERNS/COMMENTS: _____

Your Name: _____ Relationship to child: _____

Date: _____