**GREAT RIVER PEDIATRIC HEALTH QUESTIONNAIRE**

|  |  |
| --- | --- |
| Mother & Age | Father & Age |

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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.

List all Children and DOB (Date of Birth)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY SOCIAL HISTORY (SH)**Parent's marital status:

[ ]  Single [ ]  Married [ ]  Divorced and who has custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your living arrangements?
[ ]  House (Age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  Rent [ ]  Own [ ]  Apartment

How many adults live in the household? \_\_\_\_\_\_\_ How many children live in the household? \_\_\_\_\_\_\_\_

Parents Employed? Mother? Y N By Whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Father? Y N By Whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY HISTORY**: "M" indicates Maternal (Mother's) side, "F" indicates Paternal (Father') side:
**M F Disease M F Disease**[ ]  [ ]  Unknown/No Information [ ]  [ ]  Heart disease
[ ]  [ ]  No inheritable medical problems [ ]  [ ]  Heartburn (GERD)
[ ]  [ ]  Alcoholism / drug use [ ]  [ ]  High cholesterol
[ ]  [ ]  Allergies [ ]  [ ]  High blood pressure
[ ]  [ ]  Asthma [ ]  [ ]  Hyperthyroid (over-active thyroid)
[ ]  [ ]  Bleeding disorders [ ]  [ ]  Hypothyroid (under-active thyroid)
[ ]  [ ]  Cancer [ ]  [ ]  Iron deficiency / anemia
[ ]  [ ]  Cerebrovascular disease (stroke) [ ]  [ ]  Kidney disease
[ ]  [ ]  Crohn's disease [ ]  [ ]  Lupus
[ ]  [ ]  Depression [ ]  [ ]  Mental illness(other than depression)
[ ]  [ ]  Diabetes [ ]  [ ]  Rheumatoid arthritis
[ ]  [ ]  Eczema [ ]  [ ]  Seizures
[ ]  [ ]  Early heart attacks ( age 50) [ ]  [ ]  Tuberculosis
[ ]  [ ]  Hearing loss [ ]  [ ]  Ulcerative colitis
List any other inherited health issues or serious health problems present in either side of the family not covered on the list above:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GREAT RIVER PEDIATRICS**

|  |  |
| --- | --- |
| Patient Name | DOB  |

**Fill out a page for each child.

All Children Pediatrics HEALTH QUESTIONNAIRE**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 [ ]
[ ]  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/ nervoL1s habits [ ]  Learning disability
[ ]  Mental retardation [ ]  Nightmares [ ]  Temper tantrums
[ ]  Speech problems [ ]  Poor school performance [ ]  Anxiety
[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_