

# HUNTINGTON MEDICAL FOUNDATION

## PEDIATRIC HEALTH ASSESSMENT QUESTIONNAIRE

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

No history available

### Perinatal History

Pregnancy \_\_\_\_\_

Duration \_\_\_\_\_

Complications? \_\_\_\_\_

Medication? \_\_\_\_\_

Drug Use?  Smoking?  Alcohol use?

Labor & Delivery \_\_\_\_\_

Child's weight at birth \_\_\_\_\_

### Child's History

Nutritional \_\_\_\_\_

Developmental \_\_\_\_\_

### Child's Medical Condition

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Surgery \_\_\_\_\_

Hospitalization \_\_\_\_\_

Injuries \_\_\_\_\_

### Family History

Condition	Maternal Relative	Paternal Relative	Sibling
Alcohol/cig. /drug use			
Asthma/allergies			
Birth defect			
Bleeding disorder/anemia			
Cancer			
Deafness			
Diabetes			
Heart attack under 50			
Hypercholesterolemia			
Hypertension			
Kidney disorder			
Learning disability/ADD			
Migraine			
Psychological disorder			
Rheumatologic/autoimmune			
Seizure			
Skin disorder			
Unexpected deaths			

### Social History

- Child adopted
- Birth parent(s) involved

Parents are:

- Married
- Divorced
- Unmarried
- Remarried

Parent's occupation \_\_\_\_\_

Parent's occupation \_\_\_\_\_

Check if present in home:

- Firearms
- Pool/spa
- Exposure to smoke

Recent move? \_\_\_\_\_