

Initial History Questionnaire

5051400				DOB	
FORM CO	MPLETED BY	Y:		·	
lousehold					
What is the chill Lives with:	d's living situ	uation?			
Biological Pa	arents	Adoptive	Parents		
Foster Fami		_			
Single Cust		-			
Other:	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Please list all th	ose living in	the child'	s home:		
Name:	Relation	ship to	Birth Date:	Health Problem	ns:
					
			1-11-1		
					· · · · · · · · · · · · · · · · · · ·
	,				
Birth History	7 Idono	t know th	ne hirth history	7	•
·					
				(v:	aginal or cesarean).
If cesarean, why	·?	Var	NI o		
TAT 41 1 -11-	1_ 2	V AC	NO		
Was the baby b				isted fortility? Yes	. No
Was the baby by Was the baby co	nceived by I	VF or oth	er forms of ass	J	. No
Was the baby by Was the baby co If yes, di	onceived by I' d you use a d	VF or oth lonor egg	er forms of ass or donor sper	m?	
Was the baby by Was the baby co If yes, di Were there any Explain:	onceived by I' d you use a d prenatal or n	VF or oth lonor egg leonatal c	er forms of ass or donor sper complications?	m?Yes	
Was the baby by Was the baby co If yes, di Were there any Explain:	onceived by I' d you use a d prenatal or n	VF or oth lonor egg leonatal c	er forms of ass or donor sper complications?	m?Yes	
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Biological Family History

___ I do not know the birth history

Have any family members had the following? (Please check the box that applies) Who **Comments** Yes No Do not know Food Allergies Nasal allergies Asthma Bedwetting (after 6 years old) **Dental Decay** Childhood hearing loss Epilepsy/Seizures Developmental Disabilities Autism/Cognitive Delay **ADHD** Immune Problems, HIV **Tuberculosis Thyroid Problems** or other Endocrine Disease Autoimmune Disease Anemia Genetic or Heritable Disease

Biological Family History

Continued

Have any family members had the following? (Please check the box that applies) **Comments** Yes No Do not know Who Bleeding or **Blood Disorder** Liver Disease Kidney Disease **Heart Disease** Hypertension High Cholesterol or takes cholesterol medication Diabetes Obesity Cancer (before age 55) Depression Anxiety **Eating Disorder** Other Mental Illness **Alcohol Abuse Tobacco Abuse** Substance

American Academy of Pediatrics

Abuse

[&]quot;The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate."