# Harvest Pediatrics

Comprehensive Health Care for Infants, Children & Adolescents

NEW PATIENT INITIAL HISTORY QUESTIONNAIRE

NAME:

Date of Birth: _____ Age: _____

Form completed by: _____ Date: _____

Household Information

| Name | Relationship | Birth Date | Health Problms |
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Are there siblings not listed? If so, give names and where they live. If one or both parents are not living in the home, how often does he/she see that parent?_____

_____

## Birth History

Birth weight: _____ Vaginal or Caesarean Section? If Caesarean, why? _____

Was your baby born at term? _____ If early, why? _____ ☐ Yes ☐ No

Any illness or problems in the pregnancy? How many weeks gestation? _____ ☐ No ☐ Yes

During pregnancy did mother smoke, drink alcohol or use recreational drugs? _____ ☐ No ☐ Yes

Was mother on any medications during pregnancy? _____ ☐ No ☐ Yes

Did your baby have any problems right after birth? If so, what were they? _____ ☐ No ☐ Yes

_____

Was initial feeding r Breast or r Formula?

Did your baby go home with mother from the hospital? _____ ☐ Yes ☐ No

## General

Do you consider your child to be in good health? Explain: _____ ☐ Yes ☐ No

Does your child have any illness or medical condition? Explain: _____ ☐ No ☐ Yes

Has your child had any serious injuries or accidents? Explain: _____ ☐ No ☐ Yes

Has your child had any surgeries? Explain: _____ ☐ No ☐ Yes

Has your child ever been hospitalized? Explain:_____ ☐ No ☐ Yes

Is your child allergic to any medications? Explain:_____ ☐ No ☐ Yes

Is your child allergic to any foods? Explain: _____ ☐ No ☐ Yes

Is your child on any chronic medications? Explain: _____ ☐ No ☐ Yes

## Development

Are you concerned about your child's physical development? Explain: _____ ☐ No ☐ Yes

Are you concerned about your child's mental or emotional development? Explain: _____ ☐ No ☐ Yes

If your child is in school:

How is his/her behavior in school? _____

Has he/she repeated or failed a grade in school? Explain: _____ ☐ No ☐ Yes

How is his/her academic performance?_____

Is he/she in a special/resource class? Explain: _____ ☐ No ☐ Yes