Pediatric questionnaire: Please complete the following information and bring with you to appointment.

Name:_____ **Date**_____

Birth and Infancy	(Please circle) ● Vaginal delivery C-section Birth Weight_____ ● At term? Early(how much)_____ Late (how much)_____ ● Any problems with delivery?_____ ● Did child remain at hospital after Mom went home?_____ How Long?_____ ● Why?_____ ● Any intubation/aspiration type problem at birth? (Explain)_____ _____ ● Infections in first year: RSV_____ Ear infections_____ ● Reflux_____
Initial Diet (Circle when appropriate)	● Breast-fed? How long?_____ ● Formula-fed? Starting what age?_____ Problems?_____ ● Type of formula - cow milk - (traditional formula <u>or</u> Hydrolyzed, such as Nutramigen) soy milk - rice milk - elemental formula - Neocate Vivonex Elecare ● Solid foods?_____ Initiated when?_____ Problems?_____
Subsequent Foods	● Circle foods eaten now: ↓ Fruit Vegetables Eggs Meats Grain Products Dairy Products Fish Seafood Peanuts Tree Nuts ● Any problems with these foods? If so, describe._____ _____ ● Have any foods been eliminated?_____ What? _____Why?_____ _____ _____ ● Other Concerns:_____
Vaccinations (Circle if Completed) 6-08 (P)	● **Hepatitis B** **DTP or DtaP** **HIB** **Polio** **PCV** (Pneumococcal conjugate) **MMR** **Varicella** (chicken pox) **Pneumovax** **Influenza**