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

Patient Name:_____DOB_____Date_____

Birth and Infancy	(Please circle) ● Vaginal delivery C-section Birth Weight_____ At term? _____ ● Any problems with delivery?_____ ● Did child remain at hospital?_____ How Long & Why?_____ ● Intubation/aspiration type problem at birth?_____ ● When did allergy symptoms arise (eczema, foods, nasal, chest)? _____ _____ ● In first year: RSV_____ Nebulizer use_____ Reflux_____ Ear Infections _____ Swimming Pool Exposure_____
Initial Diet (Circle when appropriate)	● Breast-fed? How long?_____ ● Formula-fed? Starting what age?_____ Problems?_____ ● Type of formula - cow milk - (traditional formula or 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 Grains Dairy Products Fish Shellfish Peanuts Tree Nuts Soy ● Problems with foods?_____ If so, describe._____ _____ ● Any foods eliminated?_____ What? _____Why?_____ _____ _____ ● Other Concerns:_____
Vaccinations (Circle if Completed)	λ **Hepatitis B** **DTP or DtaP** **HIB** **Polio** **PCV** (Pneumococcal conjugate) **MMR** **Varicella** (chicken pox) **Pneumovax** **Influenza**

3-11 (_P)