

# Pediatric Questionnaire



Please complete the following information and bring it with you to your appointment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Birth and Infancy</b></p>	<p>Please circle: Vaginal delivery    C-Section</p> <p>At term? Early (how much) _____ Late (how much) _____ Birth weight: _____</p> <p>Any problems with delivery? _____</p> <p>Did child remain at hospital after Mom went home? Y   N How long? _____</p> <p>Why? _____</p> <p>Any intubation/aspiration type problem at birth? (explain) _____</p> <p>_____</p> <p>Infections in first year: RSV _____ Ear infections _____ Reflux _____</p>
<p><b>Initial Diet</b> (circle where appropriate)</p>	<p>Was child breast-fed? Y   N How long? _____</p> <p>Formula-fed? Y   N Starting at what age? _____ Problems? _____</p> <p>Type of formula: cow milk - (traditional formula or Hydrolyzed, such as Nutramigen?) soy milk - rice milk - elemental formula - Neocate    Vivonex    Elecare</p> <p>Solid foods? Y   N Initiated when? _____ Problems? _____</p>
<p><b>Subsequent Foods</b></p>	<p>Circle foods eaten now:    fruit    vegetables    tree nuts    eggs    grain products fish    seafood    peanuts    meats    dairy products</p> <p>Any problems with these foods? If so, describe: _____</p> <p>_____</p> <p>Have any foods been eliminated? Y   N What? _____</p> <p>Why? _____</p> <p>_____</p> <p>Other concerns: _____</p> <p>_____</p>
<p><b>Vaccinations</b> (circle if completed)</p>	<p><b>Hepatitis B</b>    <b>DTP or DtaP</b>    <b>HIB</b>    <b>PCV</b> (Pneumococcal conjugate)    <b>Polio</b></p> <p><b>Influenza</b>    <b>Pneumovax</b>    <b>MMR</b>    <b>Varicella</b> (chicken pox)</p>