



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

**Patient Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Birth and Infancy</b>	<p>(Please circle)</p> <ul style="list-style-type: none"> <li>● Vaginal delivery    C-section    Birth Weight _____    At term? _____</li> <li>● Any problems with delivery? _____</li> <li>● Did child remain at hospital? _____ How Long &amp; Why? _____</li> <li>● Intubation/aspiration type problem at birth? _____</li> <li>● When did allergy symptoms arise (eczema, foods, nasal, chest)? _____</li> <li>● In first year:    RSV _____    Nebulizer use _____    Reflux _____ Ear Infections _____    Swimming Pool Exposure _____</li> </ul>																
<b>Initial Diet</b> (Circle when appropriate)	<ul style="list-style-type: none"> <li>● Breast-fed?    How long? _____</li> <li>● Formula-fed?    Starting what age? _____    Problems? _____</li> <li>● Type of formula -    cow milk -    (traditional formula <u>or</u> Hydrolyzed, such as Nutramigen)                                      soy milk -                                      rice milk -                                      elemental formula -    Neocate    Vivonex    Elecare</li> <li>● Solid foods? _____    Initiated when? _____    Problems? _____</li> </ul>																
<b>Subsequent Foods</b>	<ul style="list-style-type: none"> <li>● Circle foods eaten now: ↓ Fruit    Vegetables    Eggs    Meats    Grains    Dairy Products    Fish    Shellfish    Peanuts    Tree Nuts    Soy</li> <li>● Problems with foods? _____ If so, describe. _____</li> <li>● Any foods eliminated? _____ What? _____ Why? _____</li> <li>● Other Concerns: _____</li> </ul>																
<b>Vaccinations</b> (Circle if Completed)	<table style="width:100%; border:none;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"><b>λ Hepatitis B</b></td> <td style="width:12.5%;"><b>DTP or DtaP</b></td> <td style="width:12.5%;"><b>HIB</b></td> <td style="width:12.5%;"><b>Polio</b></td> <td style="width:12.5%;"><b>PCV</b> <small>(Pneumococcal conjugate)</small></td> <td style="width:12.5%;"><b>MMR</b></td> <td style="width:12.5%;"><b>Varicella</b> <small>(chicken pox)</small></td> </tr> <tr> <td></td> <td><b>Pneumovax</b></td> <td><b>Influenza</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		<b>λ Hepatitis B</b>	<b>DTP or DtaP</b>	<b>HIB</b>	<b>Polio</b>	<b>PCV</b> <small>(Pneumococcal conjugate)</small>	<b>MMR</b>	<b>Varicella</b> <small>(chicken pox)</small>		<b>Pneumovax</b>	<b>Influenza</b>					
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