Pediatric Questionnaire

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

Patient Name: ______

Date of Birth: ______

Date of Appointment: ______

Birth and Infancy

☐ Vaginal delivery ☐ C-section Birth Weight ______ At term? ______

Any problems with delivery? ______

Did child remain at hospital? ______ How long and 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

☐ Breast-fed How long? ______

☐ Formula-fed Starting at 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? ______ Initiated when? ______

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)

Hepatitis B / DTP or DtaP / HIB / Polio / PCV (Pneumococcal conjugate) / MMR / Varicella (Chicken pox) / Pneumovax / Influenza