



New Canaan **PEDIATRICS**

173 East Avenue, New Canaan, CT 06840

Medical History Questionnaire

Patient Name: _____ Date of Birth _____ M/F

Form Completed By _____ Relationship to Patient _____ Date _____

HOUSEHOLD – Please list all those living in child’s home:

Name	Relationship	Date of Birth
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

BIRTH HISTORY

Birth Weight _____

Which Hospital was your child born? _____

Was Delivery: Vaginal Cesarean

Any problems after birth? _____

Do you consider your child to be in good health? Yes No If no, explain _____

Has your child had any surgery? Yes No If yes, explain _____

Is your child allergic to any medicines or drugs? Yes No If yes, please list: _____

Any hospital admissions? _____

FAMILY HISTORY – If your family has had any of the following please answer each one and if yes please provide who in the family and any additional explanation at the end of the list.

Deafness Yes No Nasal Allergies Yes No Asthma Yes No Tuberculosis Yes No

Heart Disease Yes No High Blood Pressure Yes No High Cholesterol Yes No
(before age 50) (before age 50)

Anemia Yes No Bleeding Disorder Yes No Liver Disease Yes No

Kidney Disease Yes No Diabetes Yes No Bed-wetting Yes No
(before age 50) (after age 10)

Epilepsy or convulsions Yes No Alcohol Abuse Yes No Drug Abuse Yes No

Mental Illness Yes No Immune problems, HIV or AIDS Yes No

Please identify who in the family and any additional explanations if you answered yes to any of the above: _____

Is there anything in your child's past history that we need to know about? Please explain: _____

DEVELOPMENT – If you answer yes to any of the following questions, please explain after the questions.

Are you concerned about your child's physical development? Yes No

Are you concerned about your child's mental or emotional development? Yes No

Are you concerned about your child's attention span? Yes No

If you answered yes to any of the three above questions, please explain: _____

If your child's in school, how is he/she doing? Has he/she repeated a grade or received special resources? Please explain:
