

## Pediatric Health History Questionnaire:



Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_  
 Address \_\_\_\_\_  
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Pregnancy and Birth History	
Mother's age at birth:	Father's age at birth:
Did mother have any of the following during pregnancy?	
€ Fever or rash	€ Tobacco use (how much)
€ Group B strep	€ Alcohol use (how much)
€ Sugar in urine / diabetes	€ Street drug use (what type)
€ High blood pressure	€ Medication use (prescription or over-the-counter - list below)
€ Anemia	
€ Infections (if yes what type and how were they treated)	

Newborn History		
Birth Weight:	Birth length:	Head Circumference:
Born on time? € Early € Late	How much:	
Type of delivery € Vaginal € C-section (why):		
How old was baby when she/he left the hospital?		
During the first week of life did the patient have any of the following		
€ Feeding trouble	€ Seizures	€ Fever
€ Excess vomiting	€ Breathing trouble	€ Receive antibiotics
€ Jaundice (yellow skin)	€ Need of oxygen	€ Diarrhea
€ Cyanosis (blueness)	€ Blood transfusion	€ In intensive care unit

Family History				
Relationship	Name	Living Y/N	Age	Major Medical Problems and/or Cause of Death
Father				
Mother				
Siblings				
If more than 3 siblings continue on back				
Specifically have any of the child's relatives had the following conditions				
Condition	Relative	Condition	Relative	
€ Diabetes		€ Kidney problems		
€ Cancer		€ Heart disease		
€ Seizures		€ Stroke		
€ Allergies/asthma		€ Anemia		
€ Bleeding problems		€ HIV		
€ High blood pressure		€ Skin problems		
€ Lung disease		€ Chemical dependency/Substance Abuse		
€ Mental illness		€ Other:		



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<b>Specialty Providers</b>
In order that we can best coordinate your child's care, please list any medical providers the child sees outside of this practice and list the year that they last saw them (if more room is needed continue on back)

<b>Health Literacy Questionnaire</b>	
<b>Many times in healthcare staff and providers use words that are unfamiliar to the general population. Please rate the following questions on a scale of 1 to 10; 1 being strongly disagree and 10 being strongly agree</b>	
I feel that I have a thorough understanding of the instructions that my doctors and nurses give me about my health	1 2 3 4 5 6 7 8 9 10
I feel that I remember the instructions given to me at my doctor's office when I get home	1 2 3 4 5 6 7 8 9 10
I feel that I have a strong understanding of medical language	1 2 3 4 5 6 7 8 9 10

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_