LEGACY HEALTH

PEDIATRIC HEALTH HISTORY QUESTIONNAIRE

PATIENT LABEL

rev: 8/12/2010

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name: (Last) (First) (MI)	Date:

DOB: / /	❑ Male ❑ Female	Birthplace:	Date of Last Exam: / /

ALLERGIES

Food Allergies: ❑ Yes ❑ No List:

MEDICATIONS

Please list all medications that you are taking, including over-the-counter drugs, vitamins, and nutritional supplements.

Name	Strength	How often do you take?	Start Date (Month/Year)

MEDICAL HISTORY (Male and Female up to age 9)

ADD/ADHD	❑ No	❑ Yes
Allergies	❑ No	❑ Yes
Anxiety	❑ No	❑ Yes
Asthma	❑ No	❑ Yes
Cancer/Oncology	❑ No	❑ Yes
Developmental delays	❑ No	❑ Yes
Diabetes mellitus	❑ No	❑ Yes
Eating disorder	❑ No	❑ Yes
Eczema	❑ No	❑ Yes
Headaches	❑ No	❑ Yes
Hearing loss	❑ No	❑ Yes
Heart murmur	❑ No	❑ Yes
Inflammatory bowel disease	❑ No	❑ Yes
Jaudice	❑ No	❑ Yes
Meningitis	❑ No	❑ Yes
Otitis media	❑ No	❑ Yes
Pneumonia	❑ No	❑ Yes
Prematurity	❑ No	❑ Yes
Scoliosis	❑ No	❑ Yes
Seizures	❑ No	❑ Yes
Sickle cell	❑ No	❑ Yes
Strep throat (recurrent)	❑ No	❑ Yes
Tuberculosis	❑ No	❑ Yes
UTI (Urinary infection)	❑ No	❑ Yes
Varicella	❑ No	❑ Yes
Vision problems	❑ No	❑ Yes

PATIENT LABEL

MEDICAL HISTORY (Male and Female over age 9)

ADD/ADHD	❑ No	❑ Yes
Allergies	❑ No	❑ Yes
Anxiety	❑ No	❑ Yes
Asthma	❑ No	❑ Yes
Cancer/Oncology	❑ No	❑ Yes
Developmental Delays	❑ No	❑ Yes
Diabetes mellitus	❑ No	❑ Yes
Eating disorder	❑ No	❑ Yes
Headaches	❑ No	❑ Yes
Heart murmur	❑ No	❑ Yes
Human immunodeficiency virus/AIDS	❑ No	❑ Yes
Inflammatory bowel disease	❑ No	❑ Yes
Meningitis	❑ No	❑ Yes
Obesity	❑ No	❑ Yes
Pneumonia	❑ No	❑ Yes
Scoliosis	❑ No	❑ Yes
Seizures	❑ No	❑ Yes
Sickle Cell	❑ No	❑ Yes
UTI (Urinary infection)	❑ No	❑ Yes
Varicella	❑ No	❑ Yes
Vision problems	❑ No	❑ Yes

Other Medical History (List):

SURGICAL HISTORY (Male under age 9)

			Date	Other Surgeries:	Date
Adenoidectomy	❑ No	❑ Yes	/ /		/ /
Appendectomy	❑ No	❑ Yes	/ /		/ /
Circumcision	❑ No	❑ Yes	/ /		/ /
Cleft lip	❑ No	❑ Yes	/ /		/ /
Cleft palate	❑ No	❑ Yes	/ /		/ /
Ear tubes	❑ No	❑ Yes	/ /		/ /
Heart surgery	❑ No	❑ Yes	/ /		/ /
Inguinal hernia	❑ No	❑ Yes	/ /		/ /
Lymph node biopsy	❑ No	❑ Yes	/ /		/ /
Undescended testicle surgery	❑ No	❑ Yes	/ /		/ /
Tonsillectomy	❑ No	❑ Yes	/ /		/ /
Umbilical hernia	❑ No	❑ Yes	/ /		/ /

SURGICAL HISTORY (Female under age 9)

			Date	Other Surgeries:	Date
Adenoidectomy	❑ No	❑ Yes	/ /		/ /
Appendectomy	❑ No	❑ Yes	/ /		/ /
Cleft lip	❑ No	❑ Yes	/ /		/ /
Cleft palate	❑ No	❑ Yes	/ /		/ /
Ear tubes	❑ No	❑ Yes	/ /		/ /
Heart surgery	❑ No	❑ Yes	/ /		/ /
Inguinal hernia	❑ No	❑ Yes	/ /		/ /
Lymph node biopsy	❑ No	❑ Yes	/ /		/ /
Tonsillectomy	❑ No	❑ Yes	/ /		/ /
Umbilical hernia	❑ No	❑ Yes	/ /		/ /

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SURGICAL HISTORY (Male over age 9)

		Date	Other Surgeries:	Date
Adenoidectomy	❑ No ❑ Yes	/ /		/ /
Appendectomy	❑ No ❑ Yes	/ /		/ /
Cosmetic surgery	❑ No ❑ Yes	/ /		/ /
Fracture surgery	❑ No ❑ Yes	/ /		/ /
Heart surgery	❑ No ❑ Yes	/ /		/ /
Inguinal hernia	❑ No ❑ Yes	/ /		/ /
Lymph node biopsy	❑ No ❑ Yes	/ /		/ /
Tonsillectomy	❑ No ❑ Yes	/ /		/ /

SURGICAL HISTORY (Female over age 9)

		Date	Other Surgeries:	Date
Adenoidectomy	❑ No ❑ Yes	/ /		/ /
Appendectomy	❑ No ❑ Yes	/ /		/ /
Cosmetic surgery	❑ No ❑ Yes	/ /		/ /
C-Section	❑ No ❑ Yes	/ /		/ /
Fracture surgery	❑ No ❑ Yes	/ /		/ /
Heart surgery	❑ No ❑ Yes	/ /		/ /
Inguinal hernia	❑ No ❑ Yes	/ /		/ /
Lymph node biopsy	❑ No ❑ Yes	/ /		/ /
Tonsillectomy	❑ No ❑ Yes	/ /		/ /

FAMILY HISTORY

Relationship	Status	*Arthritis*	*Asthma*	*Birth Defects*	*Cancer*	*Depression*	*Diabetes*	*Early Death*	*Hearing Loss*	*Heart Disease*	*High Blood Pressure*	*High Cholesterol*	*Kidney Disease*	*Mental Retardation*	*Obesity*	*Osteoporosis*	*Thyroid Disease*	*Stroke*	*Substance Abuse*	*Vision Loss*
Mother	❑ Alive ❑ Deceased																			
Father	❑ Alive ❑ Deceased																			
Sister	❑ Alive ❑ Deceased																			
Sister	❑ Alive ❑ Deceased																			
Sister	❑ Alive ❑ Deceased																			
Brother	❑ Alive ❑ Deceased																			
Brother	❑ Alive ❑ Deceased																			
Brother	❑ Alive ❑ Deceased																			
Maternal Grandmother	❑ Alive ❑ Deceased																			
Maternal Grandfather	❑ Alive ❑ Deceased																			
Paternal Grandmother	❑ Alive ❑ Deceased																			
Paternal Grandfather	❑ Alive ❑ Deceased																			
Other:	❑ Alive ❑ Deceased																			

SOCIAL ENVIRONMENT HISTORY

		Date	Comments
Adoption	❑ No ❑ Yes	/ /	
Divorce	❑ No ❑ Yes	/ /	
DHS Involvement/comment	❑ No ❑ Yes	/ /	
Foster care/group home	❑ No ❑ Yes	/ /	
Social worker/case worker	❑ No ❑ Yes	/ /	
Incarcerated parent/comment	❑ No ❑ Yes	/ /	
Juvenile incarceration	❑ No ❑ Yes	/ /	
Community Resource/comment	❑ No ❑ Yes	/ /	
Currently in school, grade	❑ No ❑ Yes	/ /	
Day care	❑ No ❑ Yes	/ /	
Pets in home	❑ No ❑ Yes	/ /	
Recent travel outside the area	❑ No ❑ Yes	/ /	
Tobacco exposure inside home	❑ No ❑ Yes	/ /	
Tobacco exposure outside home	❑ No ❑ Yes	/ /	