



Patient name: \_\_\_\_\_ Patient DoB: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

**Patient Health History Questionnaire (Ages 0-4)**

Today's date: \_\_\_\_\_

Medications/supplements (include name and dosage): \_\_\_\_\_

Allergies to medications/food (include reaction): \_\_\_\_\_

Surgical/hospitalization history (include month/year): \_\_\_\_\_

**Family History (specify relation for each)**

- Allergies \_\_\_\_\_
- Asthma \_\_\_\_\_
- Bleeding disorder \_\_\_\_\_
- Cancer \_\_\_\_\_
- Developmental disability \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Hearing loss \_\_\_\_\_
- Heart disease before 55 \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Kidney disease \_\_\_\_\_
- Liver disease \_\_\_\_\_
- Mental illness/depression \_\_\_\_\_
- Seizures \_\_\_\_\_
- Other: \_\_\_\_\_

**During pregnancy did mother:**

- Use tobacco?  Yes  No Explain: \_\_\_\_\_
- Drink alcohol?  Yes  No Explain: \_\_\_\_\_
- Use drugs/meds?  Yes  No Explain: \_\_\_\_\_
- Problems during pregnancy: \_\_\_\_\_
- Birth weight: \_\_\_\_\_
- Birth location: \_\_\_\_\_
- Birth method:  Vaginal  C-section
- Premature?  Yes  No Gestational weeks: \_\_\_\_\_
- Problems after birth: \_\_\_\_\_

**Social History**

- Parents relationship status: \_\_\_\_\_
- Child adopted/in foster care?  Yes  No Explain: \_\_\_\_\_
- Names/ages of siblings: \_\_\_\_\_
- Others in the home: \_\_\_\_\_
- Pediatrician (if not with AFM-A): \_\_\_\_\_
- Vaccines up to date?  Yes  No
- Daycare/preschool: \_\_\_\_\_
- Any household members smoke?  Yes  No
- Animals in the home?  Yes  No

**Medical History Diagnosed by a Healthcare Provider (If Yes, explain)**

- Allergies (environmental) \_\_\_\_\_
- Asthma \_\_\_\_\_
- Autism \_\_\_\_\_
- Birth defects \_\_\_\_\_
- Broken bones \_\_\_\_\_
- Cancer \_\_\_\_\_
- Constipation (frequent) \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Developmental delay (growth, speech) \_\_\_\_\_
- Ear infections (frequent) \_\_\_\_\_
- Other: \_\_\_\_\_
- Gait problems \_\_\_\_\_
- Head injury \_\_\_\_\_
- Heart problems \_\_\_\_\_
- Hives (frequent) \_\_\_\_\_
- Pneumonia \_\_\_\_\_
- Reflux disease (GERD) \_\_\_\_\_
- Seizures \_\_\_\_\_
- Skin issues \_\_\_\_\_
- Urinary tract infection \_\_\_\_\_
- Visual impairment \_\_\_\_\_