St. Clair Pediatrics

# Medical History Questionnaire

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**Patient Name**: _____ **Date of Birth**: _____
Last First MI (MM/DD/YYYY)

**Is the patient adopted?** ☐ Yes ☐ No If yes, in what country was the patient born? _____

**Allergies to medication, food or environment**: _____

**Pre-existing medical conditions:** ☐ Asthma ☐ Heart Disease ☐ Allergies ☐ Eczema ☐ Diabetes ☐ Autism ☐ ADHD
Other: _____

**Current medications (and dosages)**: _____

**List any hospitalizations or surgeries**: _____

**Check any that occurred during the pregnancy with this child:**
☐ Group B Strep ☐ Hospitalizations ☐ Tobacco/Alcohol/Drug Abuse ☐ Fetal Movement Problems
☐ High Blood Pressure ☐ Gestational Diabetes ☐ Bleeding/Spotting ☐ Infections
Other: _____

**Birth History** ☐ Term (>37 weeks) ☐ Born Premature @ ____ weeks ☐ Single ☐ Multiple Birth
Mother's age at child's birth: _____ Father's age: _____ Birth Weight: _____ Birth Length: _____
Hospital: _____ Labor: ☐ Induced ☐ Spontaneous Delivery: ☐ Vaginal ☐ Cesarean ☐ Breech (feet first)
Feeding: Breast / Bottle Complications: _____

**Growth and Development** Did growth occur at a normal rate? ☐ Yes ☐ No
Indicate in what month the milestone was reached:
Walked unsupported: _____ Spoke words: _____ Spoke sentences: _____ Toilet trained: _____
Describe any current growth or fine/gross motor difficulties: _____

**Social Factors** Who lives with this child? _____
Mother's Occupation: _____ Father's Occupation: _____
Does anyone living with this child smoke? ☐ Yes ☐ No Pets in home? ☐ Yes ☐ No What kind? _____
Where does this child live? ☐ Home ☐ Apartment ☐ Other How old is this residence? _____

**Family Medical History** Check if child's natural parents, siblings, aunts, uncles or grandparents have had any of the following. Please also indicate which family member has that medical problem.

☐ High Blood Pressure _____
☐ High Cholesterol _____
☐ Heart Attack / Stroke before age 55 _____
☐ Sudden Death (cardiac, etc.) _____
☐ Diabetes _____
☐ Allergies _____
☐ Eczema _____
☐ Asthma _____
☐ Cancer _____
☐ Emotional Problems _____
☐ Sight / Hearing Problems _____
☐ Gastrointestinal disease _____
☐ Kidney disease _____
☐ Liver Disease _____
☐ Epilepsy / Seizures _____
☐ Headaches _____
☐ Developmental Delay _____
☐ Autism Spectrum Disorder _____
☐ Hyperactivity / ADHD _____
☐ Alcohol / Drug Addiction _____
☐ Blood Disorder _____
☐ None of the above