

**NORTH OLYMPIC HEALTHCARE NETWORK**  
**PEDIATRIC HEALTH QUESTIONNAIRE**

DATE: \_\_\_\_\_ NAME (PRINT): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  M  F SEX AT BIRTH:  M  F

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**BIRTH HISTORY**

1. Birthplace \_\_\_\_\_
2. Normal Pregnancy  Yes  No
3. Normal Delivery  Yes  No
4. Was baby full-term?  Yes  No

**GROWTH AND DEVELOPMENT**

1. Any development concerns? \_\_\_\_\_
  2. Number of years in school: \_\_\_\_\_
  3. Attends special school or classes?  Yes  No
  4. Discipline or behavior problems?  Yes  No  
If yes, please explain: \_\_\_\_\_
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**PAST MEDICAL HISTORY**

1. Please mark any of the listed major medical problems your child has:  Asthma  Allergies  
 Depression  Anxiety  Diabetes  Seizures  Other \_\_\_\_\_
2. Please list any serious injuries your child has had: \_\_\_\_\_
3. Has your child had chicken pox?  Yes  No If yes, what age? \_\_\_\_\_
4. Had you child had any other contagious diseases (i.e.) measles, mumps, etc.?  Yes  No  
If yes, please list: \_\_\_\_\_
5. Immunizations (Shots)  
**\*Please attach a vaccine history if available\***

**MEDICATIONS**

1. Please list all medications your child is currently taking: \_\_\_\_\_
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**HOSPITALIZATIONS**

1. Please list any hospitalizations your child has had (when, where and why): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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**ALLERGIC REACTIONS**

1. Does your child suffer from any allergic reactions (Drugs, Asthma, Hives, Eczema, Hay Fever, etc.)?  
\_\_\_\_\_
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**SOCIAL HISTORY**

- Father's Age: \_\_\_\_\_ Health:  Good  Fair  Poor  Father is deceased
  - Mother's Age: \_\_\_\_\_ Health:  Good  Fair  Poor  Mother is deceased
  - Number of siblings: \_\_\_\_\_ Ages: \_\_\_\_\_
  - Who has legal custody of the child? \_\_\_\_\_
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**FAMILY HISTORY**

1. Please mark any history in the family of the following diseases:  Diabetes  Heart Disease  
 Cancer  TB  Convulsions  Seizures  Allergies  Other \_\_\_\_\_
- 

**PLEASE TURN OVER AND COMPLETE**



**GENERAL**

1. Is your child currently having any specific issues or problems?  Yes  No

If yes, please list here: \_\_\_\_\_  
\_\_\_\_\_

**ANY SPECIAL COMMENTS ABOUT YOUR CHILD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S LAST DOCTOR**

Please list your child's last doctor: \_\_\_\_\_

Who completed this form? \_\_\_\_\_

Relationship to child? \_\_\_\_\_