

CHESTER PEDIATRICS MEDICAL HISTORY QUESTIONNAIRE

Child's Name: _____

M F **DOB:** _____

Parents' Names: _____

Child Yours by: birth Adoption Step-child Foster Other _____

Pregnancy/Neonatal History: Please check ✓ the appropriate box/es

Pregnancy	Yes	No	Explanation	Gestation <input type="checkbox"/> Full term <input type="checkbox"/> Premature # of weeks: _____
Any Medical problems?				Place of birth: _____
Smoke tobacco or drink alcohol?				Type of delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section, if yes why: _____
Use of medications				Birth weight _____ lbs _____ ounces Birth Length: _____ inches
Problems w/ labor/delivery				After delivery: <input type="checkbox"/> Stayed in hospital longer than Mom <input type="checkbox"/> breathing problems <input type="checkbox"/> Jaundice <input type="checkbox"/> Go to the NICU

Baby fed: Breast Bottle Formula Name: _____

Medication Allergies (include reaction):

PAST MEDICAL HISTORY: Please check ✓ the appropriate box/es for both Patient and circle M:Mom; D: Dad; MGM: Maternal Grandma; MGF: Maternal Grandfather; PGM: Paternal Grandma; PGF: Paternal Grandfather s: Siblings.

Condition	Patient	M:Mom; D:Dad; GM:Grandma; GF: Grandfather; S: Sibling	Condition	Patient	M:Mom; D:Dad; GM:Grandma; GF: Grandfather; S: Sibling	Condition	Patient	M:Mom; D:Dad; GM:Grandma; GF: Grandfather; S: Sibling
Alcoholism Drug abuse		M D MGM MGF S PGM PGF	Diabetes		M D MGM MGF S PGM PGF	Pneumonia		M D MGM MGF S PGM PGF
Anemia		M D MGM MGF S PGM PGF	Eczema		M D MGM MGF S PGM PGF	Recurrent ear infections		M D MGM MGF S PGM PGF
Asthma		M D MGM MGF S PGM PGF	Food allergies		M D MGM MGF S PGM PGF	Seasonal allergies		M D MGM MGF S PGM PGF
Attention problems		M D MGM MGF S PGM PGF	Genetic Disorders		M D MGM MGF S PGM PGF	Seizures		M D MGM MGF S PGM PGF
Cancer		M D MGM MGF S PGM PGF S	Heart problems		M D MGM MGF S PGM PGF	Thyroid Disease		M D MGM MGF S PGM PGF
Chicken pox		M D MGM MGF S PGM PGF	High Blood pressure		M D MGM MGF S PGM PGF	Urinary tract infections		M D MGM MGF S PGM PGF
Crossed eyes		M D MGM MGF S PGM PGF	High Cholesterol		M D MGM MGF S PGM PGF	Wheezing/RSV		M D MGM MGF S PGM PGF
Depression/anxiety		M D MGM MGF S PGM PGF	Kidney Disease		M D MGM MGF S PGM PGF	Other:		M D MGM MGF S PGM PGF
Developmental Delays		M D MGM MGF S PGM PGF	Migraine headaches		M D MGM MGF S PGM PGF	Other:		M D MGM MGF S PGM PGF

Social History The parents are: Married Divorced Separated Unmarried but living together Other _____

Who lives at home and relationship to patient?

Any chronic medical conditions: _____

Any hospitalizations: _____ Any surgeries: _____

Any specialists: _____ Does your child attend daycare? Yes No