Community Therapeutix
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PEDIATRIC HEALTH QUESTIONNAIRE (AGES 0-13)

CHILD'S NAME _____

CHILD'S PEDIATRICIAN (OR FAMILY MEDICAL DOCTOR) _____

MAIN CONCERN ABOUT CHILD'S HEALTH _____

HEALTH OF PARENTS PRIOR TO CONCEPTION

Father: Poor____ Fair____ Good____ Excellent____
Mother: Poor____ Fair____ Good____ Excellent____
If poor or fair explain: _____
_____

Health of mother during pregnancy:
Poor____ Fair____ Good____ Excellent____
Explain: _____
_____

What supplements did you take during pregnancy?
1._____
2._____
3._____
Did you smoke during pregnancy? Yes____ No____
Did you drink alcohol during pregnancy? Yes____ No____
What medications did you take during pregnancy?
Prescribed:
1._____
2._____
3._____
Over the Counter:
1._____
2._____
3._____

Diet during pregnancy:
Poor____ Fair____ Good____ Excellent____
Explain: _____

Mother's emotional state during pregnancy?
Excellent____ Stable____
Stressed____ Very Stressed____

BIRTH OF YOUR CHILD

Were there any complications? (mild to severe):
_____

My baby was born via: (circle one)
Vaginal Delivery____ Planned / Emergency C-section____
Requiring: Pitocin to induce_____
Forceps delivery_____ Vacuum Extraction _____
Anesthesia _____

Fetal Distress? _____
Meconium Staining? _____

CONDITION OF BABY IMMEDIATELY AFTER BIRTH

Apgar scores:
At 1 minute___/10 At 5 minutes___/10
Baby's color:
pink all over____ blue face____ blue hands & feet____
Baby's crying:
Cried immediately after birth_____ Cried strongly_____
Cried weakly_____ Did not cry for _____ minutes
Baby's activity:
Arms and legs actively moving_____
Rather floppy baby_____
Intensive Care: Yes____ No____ Days in NICU _____
Medications given at birth: Yes_____ No____
Vaccines administered: _____
_____
Birth weight: _____ Birth length: _____
Baby went home on day #_____
Was baby nursed after birth? Yes_____ No_____

CHILD'S HISTORY

First liquid, apart from water, introduced after your baby was weaned (or if you did not nurse): _____
List your child's food cravings:
1._____ 2. _____
3._____ 4. _____
5._____ 6. _____

Health of baby for first six months:
Poor____ Fair____ Good____ Excellent____
Colic?
Never_____ Occasionally____ Often_____ Severe_____

Vaccination	Age	Adverse Reaction?

First illness requiring medical attention:
Illness_____ Age_____
Treatment_____
Number of times treated with antibiotics: _____

List all medications your child has taken in the past:

1. Med_____ Age_____
   Illness_____
   Adverse Reaction? _____
2. Med_____ Age_____
   Illness_____
   Adverse Reaction? _____
3. Med_____ Age_____
   Illness_____
   Adverse Reaction? _____

Medications your child is currently taking:
1._____ 2. _____
3._____ 4. _____
Supplements your child takes on a regular basis:
1._____ 2. _____
3._____ 4. _____

Brief history of present health concern (include age of onset, first symptoms and present symptoms:
_____
_____
_____
_____

Comments on your child's temperament:
_____
_____
_____

Your child's physical development was:
____Slower than Average ____Average
____Faster than Average

Your child's mental/emotional development was:
____Slower than Average ____Average
____Faster than Average

Behavior and performance at school: _____
_____
_____

Describe in detail your child's sleep patterns/habits:
_____
_____
_____

List any known allergies to drugs, food or other substances (please describe)
_____
_____
_____

Current emotional climate of child's home:
Excellent____ Stable____
Stressed____ Very Stressful____
Child's natural parents are: ____Married ___Common Law
____Separated ____Divorced ____Remarried

Siblings:

Name	Age	State of Health

Indicate if there have been any of the following diseases in grandparents, parents, or siblings. Indicate the number of relatives who have/had the disease:

____Autism
____Diabetes
____Mental Illness
____Tuberculosis
____Allergies
____Cancer
____Alzheimer's Disease
____Digestive Issues
____ADD/ADHD
____Arthritis
____Goiter
____Heart Disease
____Kidney Disease
____Hypertension
____Rheumatism
____Developmental Delay

General state of parents' health (include any chronic illnesses):
Mother_____
_____
_____

Father_____
_____
_____

_____
Parent/Guardian Signature: **Date**

_____
Provider Reviewed: **Date**