

Immunizations and Reactions (if any):

Measles _____ DTP _____ Smallpox _____
Mumps _____ MMR _____ Diphtheria _____
Polio _____ Tetanus _____ Influenza _____
Other (list): _____

Current Medications:

Please check any of the following medications this child is taking.

	Now	Past		Now	Past
Tempra	_____	_____	Antibiotics:	_____	_____
Asprin	_____	_____	Antihistamine	_____	_____
Tylenol	_____	_____	Decongestant	_____	_____

Others (list): _____

Allergies to Medicine (list): _____

Mother's Pregnancy History:

Number of previous pregnancies _____ Number of miscarriages _____ Number of abortions (if applicable) _____

Complications of any of the above: _____

Mother's age at time of birth: _____

Mother's health during pregnancy:

Bleeding _____ Physical or Emotional Trauma : _____

Nausea _____ Cigarettes, Alcohol, Drug Intake _____

Illnesses _____ Thyroid Problems _____

High Blood Pressure _____ Weight Gain _____

Diabetes _____ Medications (and dosage) _____

Birth History:

Term: Full _____ Premature _____ Late _____ Weight at Birth _____

Length of Labour: _____ Complications? _____

Has your child had any of the following problems?

Jaundice _____ Ear Infections _____ Seizures/Convulsions _____

Colic _____ Tonsillitis _____ Birth Defects _____

Blue Baby _____ Cerebral Palsy _____ Birth Injuries _____

Others (list) _____

Allergies (list) _____

Child's sleep patterns (first year): _____

Feeding: Breastfed? _____ How long? _____ Formula _____ Milk/ Soy _____

Age Began: Sitting _____ Crawling _____

Walking _____ First Words _____

Cut first tooth _____ Trained for Urine _____ Trained for BM _____

Diet:

Please describe your child's 'typical daily diet':

Breakfast _____

Lunch _____

Dinner _____

Snack(s) _____

Beverages and total quantity _____

Review of Systems:

Please circle any condition this child has presently.

Please place the letter 'P' beside a condition this child has had in the past.

General Symptoms:

- Fatigue/Weakness
- High Fevers
- Chills
- Night Sweats
- Loss of Weight
- Weight Gain
- Anemia
- Easy Bruising/ Bleeding
- Anxiety/ Nervousness
- Unusual fears
- Cries Easily
- Nightmares
- Sleep Problems
- Motions/Car Sickness

Skin

- Chronic Rash
- Hives
- Eczema
- Psoriasis
- Itchy
- Acne
- Hair Changes
- Nail Changes

Head

- Cradle Cap
- Dandruff
- Frequent Headaches
- Migraines
- Head Injury

Eyes:

- Impaired Vision
- Eye Pain
- Itching
- Redness
- Tearing
- Dryness
- Blurring
- Glazed
- Bothered by Sun

Nose and Sinuses

- Frequent Colds/ Flu
- Nose Bleeds
- Hay fever
- Sinus Problems
- Congestion
- Discharge

Neck

- Lumps
- Pain/ Stiffness
- Enlarged Glands

Mouth and Throat

- Frequent Sore Throats
- Frequent Throat Infections
- Loss of Taste
- Sore Tongue/ Mouth
- Cankers and Sores
- Bleeding Gums

Ears

- Hearing Loss
- Impaired hearing
- Earaches
- Infections
- Dizzy Spells
- Ringing
- Discharge

Cardiovascular

- Congenital Heart Defect
- Heart Murmur
- Chest Pain
- Rheumatic Fever

Gastrointestinal

- Stomach Aches
- Increased/decreased Thirst
- Increased/decreased Hunger
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Number of BM/day
- Belching/Passing gas
- Hernias
- Hypoglycemia

Urinary

- Pain during/after/before
- Burning during/after/before
- Increased Frequency
- Urgency
- Hesitancy
- Inability to hold urine
- Wets the bed
- Infections
- Blood in urine
- Kidney disease

Mouth and Throat Cont.

- Dental Cavities/ Fillings
- Breath/ Body Odour
- Salivation

Respiratory

- Cough
- Wheezing
- Asthma
- Bronchitis
- Pneumonia
- Tuberculosis

Peripheral Vascular

- Cold Hands or Feet
- Extremity: Numbness
- Coldness
- Tingling

Neurologic

- Fainting
- Loss of memory
- Involuntary Movements
- Paralysis
- Speech Problems

Endocrine

- Heat Intolerance
- Cold Intolerance
- Diabetes

Habits

- Plays well alone
- Plays well with other children
- Plays well with adults
- Shy
- Clings
- Upset easily
- Frustrated easily
- Destructive
- Independent

Musculoskeletal

- Joint pain or stiffness
- Broken Bones
- Muscles spasms or Cramps
- Muscle Weakness
- Flat Feet

Is there anything that you feel is important that has not been covered?

Thank you for taking the time to fill out this questionnaire.