Pediatric Associates of Whidbey Island, P.S.

Initial Health Questionnaire

Patient Name_____ Nickname_____ Date of Birth_____
Form completed by_____ Relationship_____

HOUSEHOLD

Please list all those living in the child's home

Name	Relationship to the Child	Age (child) or Occupation (adults)

Are there siblings not listed? If so, list their names, ages and where they live_____

_____

What is the child's **living situation** (only if not with both biologic parents?) ❒Lives with adoptive parents
❒Joint custody ❒Single custody ❒Lives with foster family ❒Other_____
If one or both parents are not living in the home, how often/when does the child see the parent(s) not in the home?

_____

_____

Does anyone in your home **smoke**? ❒ No ❒ Yes- Who?_____
Do you have **pets** at home? ❒No ❒ Yes- Type?_____
Anyone in the house **vaccinated** against COVID? ❒ No ❒ Yes- Who?_____
What are your **child care** arrangements? Explain_____

BIRTH HISTORY (❒Unknown)

Birth weight _____ Was the patient born at term? ❒Yes ❒ No, at _____ weeks
Any problems during the pregnancy, labor or delivery? ❒No ❒Yes- Explain: _____

_____

Did your baby have any medical problems in the hospital as a newborn, or stay in the hospital longer than the mother?
❒No ❒Yes -Explain: _____

_____

FEEDING (complete if your child is 2 years old or less)

Is (or was) your baby fed by ❒ breast ❒formula or ❒both? Type of formula? _____
Is your child still breast fed? ❒Yes ❒No Is your child still taking a bottle? ❒Yes ❒ No

GENERAL

Do you consider your child to be in good health? ❒ Yes ❒ No => Explain _____
Does your child have any serious illnesses or medical conditions now or did they in the past (e.g. asthma, allergies, seizures, urinary tract infections, ear infections, anemia)? ❒ No ❒ Yes => Explain_____

_____

Has your child had any of the following:

Surgery? ❒ No ❒ Yes => Explain _____

Hospitalization? ❒ No ❒ Yes => Explain _____

Serious accidents, broken bones? ❒ No ❒ Yes => Explain _____

Concussions? ❒ No ❒ Yes => Explain _____

Visits w/ medical **specialists**? ❒ No ❒ Yes => Explain _____

_____

Taking any **medications**? ❒ No ❒ Yes => Explain _____

Allergies to foods or medicines? ❒ No ❒ Yes => Explain _____

Do you have CONCERNS about any of the following:

Development ❒ No ❒ Yes => Explain _____

School performance (or getting special help in school?) ❒ No ❒ Yes => Explain _____

Mental Health ❒ No ❒ Yes => Explain _____

Are your child's **immunizations** up to date? ❒ Yes ❒ No => Explain _____

Is your child vaccinated against COVID-19? ❒ Yes ❒ No

Any previous reactions to immunizations? ❒ No ❒ Yes => Explain _____

BIOLOGIC FAMILY HISTORY ❒Unknown

Childhood hearing loss	❒Yes ❒No ❒DK Explain who/details_____
Nasal allergies/hay fever	❒Yes ❒No ❒DK Explain who/details_____
Asthma	❒Yes ❒No ❒DK Explain who/details_____
Tuberculosis	❒Yes ❒No ❒DK Explain who/details_____
Heart disease (before 55 years old)	❒Yes ❒No ❒DK Explain who/details_____
High cholesterol	❒Yes ❒No ❒DK Explain who/details_____
Sudden/unexplained death	❒Yes ❒No ❒DK Explain who/details_____
High blood pressure	❒Yes ❒No ❒DK Explain who/details_____
Anemia	❒Yes ❒No ❒DK Explain who/details_____
Bleeding disorder	❒Yes ❒No ❒DK Explain who/details_____
Dental decay	❒Yes ❒No ❒DK Explain who/details_____
Cancer (before age 55 years)	❒Yes ❒No ❒DK Explain who/details_____
Thyroid problems	❒Yes ❒No ❒DK Explain who/details_____
Liver disease	❒Yes ❒No ❒DK Explain who/details_____
Kidney disease	❒Yes ❒No ❒DK Explain who/details_____
Diabetes (before age 55 years)	❒Yes ❒No ❒DK Explain who/details_____
Obesity	❒Yes ❒No ❒DK Explain who/details_____
Seizures or epilepsy	❒Yes ❒No ❒DK Explain who/details_____
Alcohol or drug abuse	❒Yes ❒No ❒DK Explain who/details_____
Attention Deficit Hyperactivity disorder	❒Yes ❒No ❒DK Explain who/details_____
Depression/Anxiety	❒Yes ❒No ❒DK Explain who/details_____
Other mental illness	❒Yes ❒No ❒DK Explain who/details_____
Developmental disability	❒Yes ❒No ❒DK Explain who/details_____
Birth defects	❒Yes ❒No ❒DK Explain who/details_____
Immune problems or HIV/AIDS	❒Yes ❒No ❒DK Explain who/details_____
Childhood hip problems	❒Yes ❒No ❒DK Explain who/details_____