Initial History Questio	nnaire			Name					
				ID NUMBER					
FORM COMPLETED BY	DATE COMPLETED			BIRTH DATE			-	AGE	
Household	fousehold					- TAP 2-	S-4-7)		
Please list all those living in the child's home.				Are there sibling:					
Relationship						To, picuse list	circii iyar	iles, ages, a	nd where
Name to child	dite problems								
					What is the child's living situation if not with both biological parents? Lives with adoptive parents Joint custody Single custody				
				Lives with fost	105-1001001 10 0				
				If one or both par			ome, how	often doe	s the child see
				the parent(s) not	in the home?				
(B) -0-00		All Landson		VIII VIII VIII VIII VIII VIII VIII VII					
Birth History Don't know birth			7.4	Contractor of				A CATALOGUE	
Birth weightWas the baby born at to	erm!	OR	_weeks 1	Was the delivery	☐ Vaginal	□ Cesarean	If cesar	can, why?	
Were there any prenatal or neonatal complica			-						
Yes No Explain									
Maria NICIL									
vvas a NICU stay required! Yes No	Explain			Was initial feeding	☐ Formula	☐ Breast milk	How lo	ng breastfe	d?
	Explain			Was initial feeding Did your baby go	Formula home with m	Breast milk	e hospita	ng breastfe	d?
During pregnancy, did mother				Did your baby go	home with m	other from th	e hospital	?	
During pregnancy, did mother Use tobacco	nk alcohol	Yes 🗆 No		Was initial feeding Did your baby go Yes No	home with m	other from th	e hospital	?	
During pregnancy, did mother Jse tobacco	nk alcohol [Yes 🗆 No		Did your baby go	home with m	other from th	e hospital	?	
During pregnancy, did mother Jse tobacco	nk alcohol	Yes 🗌 No	t	Did your baby go	home with m	other from th	e hospita	?	
During pregnancy, did mother Jse tobacco	nk alcohol	Yes 🗌 No	t	Did your baby go	home with m	other from th	e hospita	?	
Ouring pregnancy, did mother Use tobacco	nk alcohol Used prensen	Yes No		Did your baby go ☐ Yes ☐ No	home with m	other from th	e hospital		
During pregnancy, did mother Jse tobacco	nk alcohol Used prensen en th? Yes	Yes No D	C - - - - - - - - - - - -	Did your baby go Yes No Did your baby go	home with m	other from th	e hospita	?	
Use drugs or medications Yes No What Who	th? Yes	Yes No atal vitamins No D	K Explain	Did your baby go Yes No Did your baby go	home with m	other from th	e hospita	?	
During pregnancy, did mother Jse tobacco	th? Yes	Yes No No Dions? Yes	K Explain	Did your baby go Yes No No Did your baby go	home with m	other from th	e hospita	19	
During pregnancy, did mother Jse tobacco	th? Yes	Yes No No Dions? Yes	. [Did your baby go Yes No No Did Yes No	home with m	other from th	e hospita	19	
During pregnancy, did mother Use tobacco	th? Yes No	ONO OD Explain DK Explain DK Explain	K Explain	Did your baby go Yes No No Did Yes No	home with m	other from th	e hospita	19	
During pregnancy, did mother Jise tobacco Yes No Drin Jise drugs or medications Yes No What Who General DK = John Innov Do you consider your child to be in good heal Does your child have any serious illnesses or m Jias your child had any surgery? Yes No Jias your child ever been hospitalized? Yes your child allergic to medicine or drugs? o you feel your family has enough to eat?	th? Yes nedical conditions No DK	ONO OD Explain DK Explain DK Explain	. [Did your baby go Yes No No Did Yes No	home with m	other from th	e hospita	19	
During pregnancy, did mother Jose chacco Yes No Drin Jose drugs or medications Yes No What Who General DK = don'te(troox) Do you consider your child to be in good healt Joses your child have any serious illnesses or make your child had any surgery? Yes No Joses your child had any surgery? Yes No Joseph State Yes Jos	th? Yes nedical conditions No DK	ONO OD Explain DK Explain DK Explain	K Explain	Did your baby go Yes No No Did Yes No	home with m	other from th	e hospita	19	
During pregnancy, did mother Use tobacco Yes No	th? Yes nedical condition Yes No Yes No No No	ONO OD Explain DK Explain DK Explain DK Explain	K Explain	Did your baby go Yes No Did Yes No	home with m	other from th	e hospita		
During pregnancy, did mother Iss tobacco Yes No	th? Yes medical condition Yes No	ONO OD Explain DK Explain DK Explain	K Explainplain	Did your baby go Yes No Did Yes No	home with m	Comments	e hospita		
During pregnancy, did mother Iss tobacco Yes No	th? Yes medical condition Yes No Yes Yes	Yes No atal vitamins No D D	K Explain No (Did your baby go	home with m	Comments	e hospita		
ruring pregnancy, did mother se tobacco Yes No	th? Yes No Yes No Yes No Yes Yes	Yes No atal vitamins No D	K Explain No (Did your baby go	home with m	Comments	e hospital	?	
During pregnancy, did mother Ise chacco Yes No Drin Ise drugs or medications Yes No What Who General DX = don't know To you consider your child to be in good heaf Isoes your child have any serious illnesses or m as your child had any surgery? Yes No as your child ever been hospitalized? Yes your child allergic to medicine or drugs? To you feel your family has enough to eat? Biological Family History DX ave any family members had the following? anidhood hearing loss asal allergies tithma aberculosis	th? Yes No Yes No Yes No Yes Yes	Yes No atal vitamins No D	K Explain No (Did your baby go Yes No One No DK Explain	home with m	Comments	e hospital	?	
During pregnancy, did mother Jose chacco Yes No Dring Jose drugs or medications Yes No What Who General DX = Jon's know Jose your child have any serious illnesses or many seriou	th? Yes nedical conditions No DK S No DK Yes No Tyes	Yes No atal vitamins No DK Explain Explain	K Explain No (Did your baby go ☐ Yes ☐ No ☐ No ☐ DK Explain ☐	home with m Explain	Comments	e hospital	?	
During pregnancy, did mother Ist tobacco Yes No Drin Ist drugs or medications Yes No What Who General DK = don'c (now) To you consider your child to be in good head To your child have any serious illnesses or many sour child have any serious illnesses or many your child had any surgery? Yes No The syour child ever been hospitalized? Yes The syour child allergic to medicine or drugs? The syour child ever been hospitalized? DK The syour child had any surgery? DK The syour c	th? Yes nedical conditions No DK S No DK Yes No Content Know Yes Yes Content Conditions No Conditio	ONO DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain	K Explain No (Did your baby go ☐ Yes ☐ No ☐ No ☐ DK Explain ☐	home with m Explain	Comments Com	e hospital	?	
Ouring pregnancy, did mother Use tobacco	th? Yes nedical conditions No DK S No DK S No DK S No D Yes D	ONO DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain	K Explain No (Did your baby go Yes No Did Yes No	home with m Explain	Comments	e hospital	?	
During pregnancy, did mother Jise chacco Yes No Drin Jise drugs or medications Yes No What Who General DK = John Chrow Do you consider your child to be in good head Joes your child have any serious illnesses or make your child had any surgery? Yes No Jise your child had any surgery? Yes No Jise your child ever been hospitalized? Yes Jise your child allergic to medicine or drugs? Jise your child ever been hospitalized? Yes Jise your child ever been hospitalized? Yes Jise your child ever been hospitalized? Yes Jise your child had any surgery? Yes No Jise your c	th? Yes No Yes No Yes Ye	ONO DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain DK Explain	K Explain No (No (Who w	Did your baby go Yes No Did Yes No	home with m Explain	Comments Com	e hospital	?	

American Academy of Pediatrics



Initial History Questionnaire

Biological Family History (Control	nus fron) (tomest	A) DS	∈ divocito	GVV				
Liver disease	☐ Yes		The same of	- Semisian			14 (012, 100)	Act Garage	And the second
Vidney disease	☐ Yes	LI NO	LIDK	Who			Comments		
Dishare that se		□ No	DDK	***************************************			Comments		
Rad warring (-fr - 10	Yes	□ No	DK	AAU0			Comments		
Obaclas	Yes	□ No	DK	44110			Commante		
Callanau an ann 17	□ Yes □ Yes	□ No	DDK	44110			Comments		
Alsohalakaa	□ Yes	□ No	DK	1110			Comments		
0	□ Yes	□ No	□ DK	44110			Comments		
Manual Illacorda on a] Yes	□ No	DDK	AAUQ			Comments		
Development III I III	Yes		DK	VVIIO			Comments		
Imperior of the control of		□ No	DOK	44110			Comments		
T-b		□ No	DDK	AAUQ			Comments		
Additional family history	1162	L 140	□ DK	Who			Comments		
Past History DK = don't know	WELL TO	ve karen	ASSESSED ST		Palientaria	I Van Augusta	750200000000000000000000000000000000000		
		100	1	1000					
Does your child have, or has your child ever had,								Control of the Contro	
Chickenpox		□ Y	es 🗆 t	No DA	When_				
Frequent ear infections		DY	es 🗆 t	No DDK	C Explain_				
Problems with ears or hearing		□ Y	es 🗆 t	Vo DK	C Explain_				
Nasal allergies		□ Y	es on	No DK	Explain_	-			
Problems with eyes or vision		□ Y	25 🗆 N	No DK	Explain_				
Asthma, bronchitis, bronchiolitis, or pneumonia		□ Ye	es ON	No DK	Explain_				
Any heart problem or heart murmur		□ Ye	es 🗆 N	lo DK	Explain_				
Anemia or bleeding problem		□ Ye	25 ON	to DK	Explain_				
Blood transfusion		□ Ye	s ON	lo DK	Explain_				
HIV		□ Yo	u DN	lo DK	Explain_				
Organ transplant		☐ Ye	s ON	o DK	Explain_				
Malignancy/bone marrow transplant		☐ Ye	s DN	o DK	Explain_				
Chemotherapy		☐ Ye	s DN	o DK	Explain_				
Frequent abdominal pain		☐ Ye	s IN	· DK	Explain_				
Constipation requiring doctor visits		□Ye	s DN	o DK	Explain_				
Recurrent urinary tract infections and problems		☐ Ye	s DN	o DK	Explain				
Congenital cataracts/retinoblastoma		☐ Ye	s DN	o DK	Explain_				
Metabolic/Genetic disorders		☐ Ye	S DN	O DK	Explain	- X - () -			
Cancer		☐ Yes	ON.	O DK	Explain				
Kidney disease or urologic malformations		☐ Yes	DN	DOK	Explain_				
Bed-wetting (after 5 years old)		☐ Yes	DN	DOK	Explain				
Sleep problems; snoring		☐ Yes	ON	DOK	Explain				
Chronic or recurrent skin problems (eg. acne. eczen	na)	☐ Yes	DN	DOK	Explain				
Frequent headaches		☐ Yes	□ No	DOK	Explain	-			
Convulsions or other neurologic problems		☐ Yes	□ No	DOK	Explain				
Obesity Diabetes		☐ Yes	17.11	DOK	Explain				
		☐Yes	-		Explain		and the same of th	1123	
Thyroid or other endocrine problems		☐ Yes	1111000	DOK	Explain			100000000000000000000000000000000000000	Sec. 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
High blood pressure		☐ Yes	□ No	DK	Explain				
History of serious injuries/fractures/concussions		Yes			Explain				
Use of alcohol or drugs Tobacco use		☐ Yes	□ No	DOK	Explain	Orași de april de la companie de la			
		☐ Yes	□ No	DOK	Explain				
ADHD/anxiety/mood problems/depression		Yes	O No	100000000000000000000000000000000000000	Explain				
Developmental delay		☐ Yes	□ No	DOK	Explain				
Dental decay		☐ Yes	□ No	DOK	Explain				
History of family violence		☐ Yes	□ No	DK	Explain				
Sexually transmitted infections		☐ Yes	□ No	DOK	Explain				
Pregnancy		☐ Yes	□ No	DK	Explain				
(For girls) Problems with her periods		☐ Yes	□ No	DK	Explain				
Has had first period Yes No Age of first	period .		-						
Any other significant problem			A STATE OF THE PARTY OF THE PAR						

This American Academy of Pediatrics Initial History Questionnaire is consistent with Bright Futures: Guldelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition.

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