WELCOME TO OAK MILL PEDIATRICS
MEDICAL HISTORY & QUESTIONNAIRE

HOUSEHOLD

Mother Occupation _____
Father Occupation _____

Please List All Those Living in The Child's Home

Name	Relationship to Patient	Birth Date	Health Problems

If mother & father are not living together or if child does not live with parents, what is the child's custody status?

_____

If one or more parents are not living in the same homes, how often does he/she see the parent[s] not in the home?

_____

BIRTH HISTORY

Birth Weight _____ Was baby born at term? _____
Early? _____ or Late? _____
If early, how many weeks gestation? _____
Was the delivery Vaginal or Cesarean
If cesarean, why? _____

Initial Feeding: Breast or Bottle

Did the baby go home with the mother from the hospital?
YES NO _____

_____

During Pregnancy, Did mother...

Smoke	YES	NO
Drink Alcohol	YES	NO
Use Drugs / Medication	YES	NO

Explain What / When? _____

_____

Did the baby have any problems after birth?
YES NO _____

Did mother have any illness or problem with her pregnancy? _____

GENERAL / DEVELOPMENTAL

Do you consider your child to be in good health?	YES	NO	EXPLAIN	_____
Does your child have any serious medical condition?	YES	NO	EXPLAIN	_____
Has your child had any serious injuries or accidents?	YES	NO	EXPLAIN	_____
Has your child had any surgery?	YES	NO	EXPLAIN	_____
Has your child ever been hospitalized?	YES	NO	EXPLAIN	_____
Are you concerned about your child's development?	YES	NO	EXPLAIN	_____
Your child's emotional / mental development?	YES	NO	EXPLAIN	_____
Are you concerned about your childs attention span?	YES	NO	EXPLAIN	_____

If your child is in school:
How is his / her behavior? _____
How is he / she doing in acedemic subjects? _____
Is he / she in special or resource classes? _____