

V: 509-965-1035 • F: 509-225-2700 **\*\*MEMORIAL Physicians** PLLC

## Children's Health Questionnaire

Please provide information which will help construct a complete health record and plan Please fill out as much as is appropriate for your child's age.

Name	Age	Birth date		
PERINATAL AND PRESCHOOL				
Birthplace (hospital)	Birth weight			
List any major problems during pregnancy	(infection, pren	mature labor, etc.)		
List any major problems after birth (trouble	e breathing, jau	ndice, etc.)		
Has your child had: A blood count (hemato	ocrit)?	A vision test?		
Has your child had any surgeries?	Explain: _			
CURRENT PROBLEMS				
Does your child have any chronic medical problems? (asthma, heart disease, frequent ear				
infections, etc.)				
Does your child take any medication regula	arly?			
List any allergies to medicines or to foods:				

Rev 4/1/11 Page 1 of 3



V: 509-965-1035 • F: 509-225-2700 **\*\*MEMORIAL** Physicians PLLC

## **VACCINATIONS**

It is always important to know where your child's vaccination records are. Even when your child goes to college or into the military service, he or she may be asked to show vaccination records. If you do not have a vaccination card, you will be asked to sign for a release of medical records so that this information will always be available in the future.

Check which vaccinations your child has had:
Birth-2 weeks (Hep B) 18 month (DTap, Hep A, OPV)
2 month (DTap, IPV, HIB, Hep B, PCV)4 year (IPV, DTap, MMR,
Varicella, OPV)4 month (DTap, IPV, HIB, PCV)
6 month (DTap, HIB, Hep B, PCV, IPV) Girls 9 years & older: Giardasil (3 doses)
Date of most recent Tdap or Td 12 month (Varicella, MMR, Hep A, PCV, HIB)
FAMILY
Mother's occupationFather's occupation
Who does the child live with?
Who cares for the child during the day?
Who lives in your home?
Is there any known family history of inherited diseases? (hemophilia, sickle cell disease, deafness,
Juvenile diabetes, etc.)
Have there been any changes in the home which may be affecting your child?

Rev 4/1/11 Page 2 of 3



1008 S. 38<sup>th</sup> Ave., Suite 110 • Yakima, WA 98902

V: 509-965-1035 • F: 509-225-2700

## \*\*MEMORIAL Physicians PLLC

## **SCHOOL**

Please comment on your child's $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( \frac{1}{$	school progress:	
Academic:		
	nt issues which you would like discus	
Signature	Relationship	Date

Rev 4/1/11 Page 3 of 3