LITTLE ELM - FRISCO CHILDREN'S CLINIC
12398 FM 423, Suite 600, Frisco, Texas, 75034 - (214) 494-4622

INITIAL HISTORY QUESTIONNAIRE

NAME

FORM COMPLETED BY | ID NUMBER

DATE COMPLETED | BIRTH DATE / / | AGE | GENDER M F

HOUSEHOLD

Please list all those living in the child's home

Name	Relationship to Child	Birth Date	Health Problems

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

What is the child's living situation if not with both biological parents?
☐ Lives with adoptive parents ☐ Joint custody
☐ Lives with foster family ☐ Single custody

If one or both parents are not living in the home, how often does the child see the parent(s) not in the home?

BIRTH HISTORY

Don't know birth history

Birth weight: ________
Was the baby born at term? _______ OR ______ weeks
Were there any prenatal or neonatal complications?
__ Yes __ No Explain:__________________________

During pregnancy, did mother:
Use tobacco: __ Yes __ No
Drink alcohol: __Yes __No
Use drugs or medications:
__ Yes __ No __ Used prenatal vitamins
What: ___________________________________
When: ___________________________________

Was the delivery: __ Vaginal __ Cesarean If cesarean, why?

Was initial feeding: __ Formula __ Breast milk How long breastfed? _____
Did your baby go home with mother from the hospital? __ Yes __ No
Explain:

GENERAL DK = don't know

Do you consider your child to be in good health? __ Yes __ No __ DK Explain:

Does your child have any serious illnesses or medical conditions? __ Yes __ No __ DK Explain:

Has your child had any surgery? __ Yes __ No __ DK Explain:

Has your child ever been hospitalized? __ Yes __ No __ DK Explain:

Is your child allergic to medicine or drugs? __ Yes __ No __ DK Explain:

Do you feel your family has enough to eat? __ Yes __ No __ DK Explain:

BIOLOGICAL FAMILY HISTORY DK = don't know

Have any family members had the following?

Condition					
Childhood hearing loss	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Nasal allergies	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Asthma	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Tuberculosis	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Heart disease (before 55 years old)	__ Yes	__ No	__ DK	Who _____________	Comments ______________
High cholesterol/takes cholesterol medication	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Anemia	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Bleeding disorder	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Dental decay	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Cancer (before 55 years old)	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Liver disease	__ Yes	__ No	__ DK	Who _____________	Comments ______________
Kidney disease	__ Yes	__ No	__ DK	Who _____________	Comments ______________

(Biological family history continued on back side)

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BIOLOGICAL FAMILY HISTORY (*Continued from the front side*) DK = don't know					
Diabetes (before 55 years old)	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Bed-wetting (after 10 years old)	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Obesity	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Epilepsy or convulsions	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Alcohol abuse	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Drug abuse	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Mental illness/ depression	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Developmental disability	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Immune problems, HIV or AIDS	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________
Tobacco use	__ Yes	__ No	__ DK	Who ______________	Comments ____________________________

Additional family history:

PAST HISTORY DK = don't know				
Does your child have, or has your child ever had				
Chickenpox	__ Yes	__ No	__ DK	When:
Frequent ear infections	__ Yes	__ No	__ DK	Explain:
Problems with ears or hearing	__ Yes	__ No	__ DK	Explain:
Nasal allergies	__ Yes	__ No	__ DK	Explain:
Problems with eyes or vision	__ Yes	__ No	__ DK	Explain:
Asthma, bronchitis, bronchiolitis or pneumonia	__ Yes	__ No	__ DK	Explain:
Any heart problem or heart murmur	__ Yes	__ No	__ DK	Explain:
Anemia or bleeding problem	__ Yes	__ No	__ DK	Explain:
Blood transfusion	__ Yes	__ No	__ DK	Explain:
HIV	__ Yes	__ No	__ DK	Explain:
Organ transplant	__ Yes	__ No	__ DK	Explain:
Malignancy/bone marrow transplant	__ Yes	__ No	__ DK	Explain:
Chemotherapy	__ Yes	__ No	__ DK	Explain:
Frequent abdominal pain	__ Yes	__ No	__ DK	Explain:
Constipation requiring doctor visits	__ Yes	__ No	__ DK	Explain:
Recurrent urinary tract infections and problems	__ Yes	__ No	__ DK	Explain:
Congenital cataracts/retinoblastoma	__ Yes	__ No	__ DK	Explain:
Metabolic/genetic disorders	__ Yes	__ No	__ DK	Explain:
Cancer	__ Yes	__ No	__ DK	Explain:
Kidney disease or urologic malformations	__ Yes	__ No	__ DK	Explain:
Bed-wetting (after 5 years old)	__ Yes	__ No	__ DK	Explain:
Sleep problems; snoring	__ Yes	__ No	__ DK	Explain:
Chronic or recurrent skin problems (e.g. acne, eczema)	__ Yes	__ No	__ DK	Explain:
Frequent headaches	__ Yes	__ No	__ DK	Explain:
Convulsions or other neurologic problems	__ Yes	__ No	__ DK	Explain:
Obesity	__ Yes	__ No	__ DK	Explain:
Diabetes	__ Yes	__ No	__ DK	Explain:
Thyroid or other endocrine problems	__ Yes	__ No	__ DK	Explain:
High blood pressure	__ Yes	__ No	__ DK	Explain:
History of serious injuries/fractures/concussions	__ Yes	__ No	__ DK	Explain:
Use of alcohol or drugs	__ Yes	__ No	__ DK	Explain:
Tobacco use	__ Yes	__ No	__ DK	Explain:
ADHD/anxiety/mood problems/depression	__ Yes	__ No	__ DK	Explain:
Developmental delay	__ Yes	__ No	__ DK	Explain:
Dental decay	__ Yes	__ No	__ DK	Explain:
History of family violence	__ Yes	__ No	__ DK	Explain:
Sexually transmitted infections	__ Yes	__ No	__ DK	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: