

# HISTORY UPDATE QUESTIONNAIRE

Name of Patient:

DOB:

Chart#

Address:

Person Completing Form:

Please answer the following questions so we may update **your child's medical record**. If the answer is no please indicate that by checking that box. If you answer **yes** please explain your answer in the space provided.

## YOUR CHILD'S

| PAST MEDICAL HISTORY   | NO | YES | EXPLAIN |
|--|----|-----|---------|
| Problems at Birth  |    |     |         |
| Surgery (List)   |    |     |         |
| Serious illness/medical conditions                           |    |     |         |
| Chronic medical problems for which you see another physician |    |     |         |
| Hospital Stay  |    |     |         |
| Asthma   |    |     |         |
| Concussions  |    |     |         |
| Fracture/Injuries  |    |     |         |
| Frequent ear infections                                      |    |     |         |
| Mental Health Issues   |    |     |         |
| Seizures   |    |     |         |
| Other:   |    |     |         |

Please complete the following Family History. The relationship should be **YOUR CHILD'S**

**F= Father**

**S= Sibling**

**M= Mother**

**PGM= Grandmother PGF= Grandfather MGM= Grandmother MGF= Grandfather**

| FAMILY HISTORY  | NO | YES | RELATION SHIP | EXPLAIN |
|---|----|-----|---------------|---------|
| Allergies (seasonal, rhinitis, hayfever, asthma)  |    |     |               |         |
| Birth Defects (Explain)   |    |     |               |         |
| Blood (clots, bleeding problems, anemia)  |    |     |               |         |
| Cancer  |    |     |               |         |
| Cardiovascular (early heart disease, cardiac death, stroke, hypertension, high cholesterol) |    |     |               |         |
| Endocrinology (diabetes, thyroid, reproductive)   |    |     |               |         |
| ENT (hearing loss, recurrent OM, T&A)   |    |     |               |         |
| Eyes (lazy eye, eye surgery, blindness)   |    |     |               |         |
| Gastrointestinal (constipation, crohns, colitis, celiac disease, GERD)                      |    |     |               |         |
| GYN (endometriosis, infertility, PCOS)  |    |     |               |         |
| Immunologic (immune deficiency)   |    |     |               |         |
| Learning (learning disability, ADHD, IEP in school, graduation)                             |    |     |               |         |
| Neurologic (epilepsy, seizures, migraines, MS)  |    |     |               |         |
| Orthopaedic (hip dysplasia, scoliosis, arthritis, osteoporosis)                             |    |     |               |         |
| Psychiatric (mental health problems, depression, anxiety, bipolar)                          |    |     |               |         |
| Pulmonary (asthma, CF, emphysema, COPD)   |    |     |               |         |
| Skin (psoriasis, eczema, nevi, melanoma)  |    |     |               |         |
| Urology (kidney problems, enuresis, VUR)  |    |     |               |         |
| Abuse (Explain)   |    |     |               |         |
| Addictions (Drugs and Alcohol)  |    |     |               |         |
| Other:  |    |     |               |         |