| Initial History Questionnaire | | | | | | Name ID NUMBER | | | | | |
|--|--|---|---|---|--|------------------------------------|---|----------------------------------|-------------|--------------|--------------|
| | | | | | | | | | | | |
| ORM COMPLETED BY | | DATE COMP | PLETED | | | BIRTH DATE | | | AGE | | |
| Household | | | | | | | | | | | M F |
| | iving in the child's home. | | | | | Are there siblings | not listed? If | so please list | their nam | les ages an | d where |
| | | | | | | | Are there siblings not listed? If so, please list their names, ages, and where they live. | | | | |
| Name | Relationship to child | Birth date | Health problems | | | | | | | | |
| | | | | | | What is the child | 's living situat | ion if not with | both biol | ogical parer | nts? |
| | | | | | | □ Lives with adop | • | | | • | |
| | | | | | | Lives with fost | - | | | • | |
| | | | | | | If one or both pa | rents are not | living in the h | ome, how | often does | the child se |
| | | | | | | the parent(s) not | | • | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Diuth Llistou | | 1.1.1 | | | | | | | | | |
| | 'y ■ Don't know birth | | | | | | | | | | |
| - | Was the baby born at t | | OR | w | veeks | Was the delivery | ∐ Vaginal | □ Cesarean | lf cesar | ean, why? | |
| | natal or neonatal complic | | | | | | | | | | |
| JYes ∐No Ex | plain | | | | | | | | | | |
| | | | | | | | | | | | |
| | | F 1 · | | | | | | | | 1 | 13 |
| Nas a NICU stay re | equired? 🗌 Yes 🗌 No | e Explain | I | | | Was initial feeding | - | | | • | d? |
| | | o Explain | I | | | Did your baby go | home with r | nother from th | ne hospital | !? | |
| During pregnancy, di | id mother | | | | | | home with r | nother from th | ne hospital | !? | |
| During pregnancy, di Jse tobacco □Ye | id mother es □No Dri | ink alcohol | □ Yes | □ No | | Did your baby go | home with r | nother from th | ne hospital | !? | |
| During pregnancy, di Jse tobacco 🛛 Ye Jse drugs or medica | id mother es □No Dri ations □Yes □No | ink alcohol | □ Yes prenatal vit | □ No amins | | Did your baby go | home with r Explain | nother from th | ne hospital | !? | |
| During pregnancy, di Jse tobacco 🛛 Ye Jse drugs or medica What | id mother 25 □ No Dri ations □ Yes □ No Wł | ink alcohol | □ Yes prenatal vit | □ No amins | | Did your baby go | home with r Explain | nother from th | ne hospital | !? | |
| During pregnancy, di Jse tobacco 🛛 Ye Jse drugs or medica | id mother 25 □ No Dri ations □ Yes □ No Wł | ink alcohol | □ Yes prenatal vit | □ No amins | | Did your baby go | home with r Explain | nother from th | ne hospital | !? | |
| During pregnancy, di Jse tobacco □ Ye Jse drugs or medica What General DK | id mother 25 □ No Dri ations □ Yes □ No Wł | ink alcohol □ Used p nen | ☐ Yes prenatal vit | □ No amins | | Did your baby go | home with r Explain | nother from th | ne hospital | I? | |
| During pregnancy, di Jse tobacco | id mother ₂s □ No Dri ations □ Yes □ No Wł ζ = don't know | ink alcohol | res □ No | □ No amins o □ DK | | Did your baby go □ Yes □ No | home with r | nother from th | ne hospital | I? | |
| During pregnancy, di Jse tobacco | id mother is No Dri ations Yes No Wł (= don't know ur child to be in good hea | ink alcohol Used p nen alth? 1 medical co | Yes Prenatal vit | □ No amins □ □ DK □ Yes | Expla | Did your baby go Yes No | home with r | nother from th | ne hospital | I? | |
| During pregnancy, di Use tobacco | id mother es □ No Dri ations □ Yes □ No Wł K = don't know ur child to be in good hea e any serious illnesses or | ink alcohol Used p nen alth? 1 medical co No C | Yes Prenatal vit | □ No amins □ □ DK □ Yes | Expla | Did your baby go | home with r | nother from th | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother id mother ations □ Yes □ No Wł C = don't know ur child to be in good hea e any serious illnesses or iny surgery? □ Yes □ | ink alcohol Used p nen alth? 	_ \ medical cc No 	_ C | Yes prenatal vit Yes D No ponditions? DK Explai | □ No amins □ □ DK □ Yes in Explain _ | Expla | Did your baby go Yes No | home with r | nother from th | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No Wh C = don't know ur child to be in good hea e any serious illnesses or any surgery? □ Yes □ been hospitalized? □ Y to medicine or drugs? | ink alcohol Used p nen alth? No Constant No Constant Second | Yes prenatal vit (res No ponditions? DK Explai DK Explai | □ No amins □ DK □ Yes in Explain _ DK Expla | . Expla | Did your baby go Yes No | home with r | nother from th | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es Do Dri ations Yes No Wh c = don't know ur child to be in good hea e any serious illnesses or any surgery? Yes been hospitalized? Yes | ink alcohol Used p nen alth? medical cc No C es No Yes Yes Yes | Yes Prenatal vit | □ No amins □ DK □ Yes in Explain _ DK Expla | . Expla | Did your baby go Yes No | home with r | nother from th | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother id mother ations □ Yes □ No Wł C = don't know ur child to be in good hea e any serious illnesses or iny surgery? □ Yes □ been hospitalized? □ Y to medicine or drugs? mily has enough to eat? | ink alcohol Used p nen alth? medical cc No C es No Yes Yes Yes | Yes Prenatal vit | □ No amins □ DK □ Yes in Explain _ DK Expla | . Expla | Did your baby go Yes No | home with r | nother from th | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No wh C = don't know ur child to be in good hea e any serious illnesses or any surgery? □ Yes □ been hospitalized? □ Y to medicine or drugs? mily has enough to eat? amily History □ mbers had the following? | ink alcohol Used p nen alth? medical cc No C es No Yes Yes Yes | Yes prenatal vit (res No onditions? DK Explai DK Explai DK DK No I No I know | □ No amins □ DK □ Yes in Explain _ DK Expla | Expla | Did your baby go Yes No | home with r Explain | nother from th | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No wh C = don't know ur child to be in good hea e any serious illnesses or any surgery? □ Yes □ been hospitalized? □ Y to medicine or drugs? mily has enough to eat? amily History □ mbers had the following? | ink alcohol I Used p nen alth? 1 medical cc No 1 es No Yes Yes K = don't | Yes Prenatal vit | □ No amins □ DK □ Yes in DK Expla DK Expl | Expla | Did your baby go | home with r Explain | Comments _ | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No wh C = don't know ur child to be in good hea e any serious illnesses or any surgery? □ Yes □ been hospitalized? □ Y to medicine or drugs? mily has enough to eat? amily History □ mbers had the following? | ink alcohol Used p nen alth? Medical cc No S Yes Yes K = don't Yes | Yes prenatal vit (es No onditions? DK Explai DK Explai DK DK No I know No I know | □ No amins □ DK □ Yes in Explain _ DK Expl: DK Expl: DK Expl: DK Expl: | Expla | Did your baby go | home with r Explain | nother from th | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No wh C = don't know ur child to be in good hea e any serious illnesses or any surgery? □ Yes □ been hospitalized? □ Y to medicine or drugs? mily has enough to eat? amily History □ mbers had the following? | ink alcohol Used p nen alth? No S Yes Yes Yes Yes Yes Yes Yes Yes | | No amins DK Explain K Expla CK Expl DK D D L | Expla | Did your baby go | home with r | Comments | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No while the set of the se | ink alcohol I Used p nen alth? No C S Yes Ves K = don't Yes Yes Yes Yes Yes Yes Yes Yes Yes | Yes prenatal vit (es No onditions? DK Explai DK Explai DK DK No I No I know | □ No amins □ DK □ Yes in Explain _ DK Expl DK Expl □ DK □ DK □ DK | Expla | Did your baby go | home with r Explain | Comments Comments | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No while the set of the se | ink alcohol Used p nen alth? Medical co No Yes | Yes prenatal vit (res No onditions? DK Explai DK Explai DK DK No I No I know No I know | □ No amins □ DK □ Yes in Explain _ DK Expl DK Expl □ DK □ DK □ DK □ DK | Expla Expla | Did your baby go | home with r Explain | Comments Comments Comments | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No while the set of the se | ink alcohol Used p nen alth? Medical co No Yes | res No prenatal vit res No onditions? DK Explai DK Explai DK Explai D DK D DK No I No | □ No amins □ DK □ Yes in Explain _ DK Expla DK Expla □ DK □ DK □ DK □ DK □ DK □ DK | Expla No No ain Jain Who Who Who Who Who Who Who Who | Did your baby go | home with r Explain | Comments | ne hospital | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No while the set of the se | ink alcohol Used p nen alth? Medical co No Yes | res Prenatal vit | □ No amins □ DK □ Yes in Explain _ DK Expla DK Expla DK Expla DK Expla DK Expla DK Expla | Expla No No ain lain Who Who Who Who Who Who Who Who | Did your baby go | home with r Explain | Comments | | | |
| During pregnancy, di Jse tobacco | id mother es □ No Dri ations □ Yes □ No while the set of the se | ink alcohol Used p nen alth? Medical cc No Yes | res Prenatal vit | □ No amins □ DK □ Yes in Explain _ DK Expla DK Expla □ DK □ DK □ DK □ DK □ DK □ DK □ DK □ DK □ DK | Expla | Did your baby go | home with r Explain | Comments | ne hospital | | |

American Academy of Pediatrics



Biological Family History (Continued from front side.) DK = don't know

| Liver disease | 🗆 Yes | 🗆 No | 🗆 DK | Who | _ Comments |
|----------------------------------|-------|------|------|-----|------------|
| Kidney disease | 🗆 Yes | 🗆 No | 🗆 DK | Who | Comments |
| 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 | |
| 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 (eg, 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 \Box Yes \Box No Age of first period | | | | |
| Any other significant problem | | | | |

This American Academy of Pediatrics Initial History Questionnaire is consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2010 American Academy of Pediatrics. All rights reserved. No part of this publication may

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