

CHARLES HENDERSON CHILD HEALTH CENTER
PAST MEDICAL HISTORY/SOCIAL HISTORY QUESTIONNAIRE

Patient NAME: _____ **DOB:** _____ **CHCHC Chart No:** _____

CHILD'S PAST MEDICAL HISTORY:

- 1) Has your child had any serious injuries or accidents? YES ___ NO ___
If yes, please explain. _____
- 2) Has your child had any surgeries? YES ___ NO ___
If yes, please explain. _____
- 3) Has your child been to the emergency room or been hospitalized overnight? YES ___ NO ___
If yes, please explain. _____
- 4) Has your child had the chicken pox? YES ___ NO ___
If yes, how old was your child? _____
- 5) Has your child had frequent sore throats or tonsillitis? YES ___ NO ___
If yes, please explain. _____
- 6) Has your child had frequent ear or sinus infections: YES ___ NO ___
If yes, please explain. _____
- 7) Other infections? YES ___ NO ___
If yes, please explain. _____
- 8) Does your child have an allergic runny nose or other allergies (example – food allergies)?
YES ___ NO ___ If yes, please explain. _____
- 9) Are there animals inside or outside the house? YES ___ NO ___
If yes, what type animals and how many. _____
- 10) Does your child have outdoor allergies? YES ___ NO ___
If yes, please explain. _____
- 11) Does your child have indoor allergies? YES ___ NO ___
If yes, please explain. _____
- 12) Does your child have asthma? YES ___ NO ___
Has your child had bronchitis, bronchiolitis, pneumonia or croup? YES ___ NO ___
If yes, please explain. _____
- 13) Does your child have heart problems or a heart murmur? YES ___ NO ___
Has your child ever been seen by a specialist or had tests done for either a heart problem or a heart murmur? YES ___ NO ___
If yes, please explain. _____
- 14) Does your child have problems with stomach pain or acid reflux/heartburn? YES ___ NO ___
If yes, please explain. _____
- 15) Has your child ever seen a doctor for problems with constipation? YES ___ NO ___
If yes, please explain. _____
- 16) Has your child had problems with bladder or kidney infections, or other problems urinating?
YES ___ NO ___ If yes, please explain. _____
- 17) Has your child had bedwetting after the age of 5 years? YES ___ NO ___
If yes, please explain. _____
- 18) Has your child had eye problems for which he/she was seen by a doctor? YES ___ NO ___
If yes, please explain. _____
- 19) Has your child had ear problems or problems with hearing? YES ___ NO ___
If yes, please explain. _____

- 20) Has your child had skin problems (examples – acne or eczema)? YES ___ NO ___
If yes, please explain. _____
- 21) Has your child had anemia, bleeding problems or cancer? YES ___ NO ___
If yes, please explain. _____
- 22) Has your child ever had a blood transfusion? YES ___ NO ___
If yes, please explain. _____
- 23) Has your child had seizures, developmental delays, Attention Deficit Disorder (ADD/ADHD) or neurological/brain problem? YES ___ NO ___
If yes, please explain. _____
- 24) Has your child had frequent headaches? YES ___ NO ___
If yes, please explain. _____
- 25) Has your child had any mental health/emotional concerns (example – depression, anxiety)?
YES ___ NO ___ If yes, please explain. _____
- 26) Has your child had any problems with his/her bones (example – broken bones, arthritis)?
YES ___ NO ___ If yes, please explain. _____
- 27) Has your child ever had problems with diabetes? YES ___ NO ___
If yes, please explain. _____
- 28) Has your child ever had thyroid or hormone problems? YES ___ NO ___
If yes, please explain. _____
- 29) FEMALE: Has periods started? Yes ___ NO ___ If yes, at what age? _____
Any problems with periods? YES ___ NO ___
If yes, please explain. _____
- 30) Does your child have a history of alcohol or drug use? YES ___ NO ___
- 31) List all other significant problems. _____

SOCIAL HISTORY:

- 1) What adults does the child live with? _____

- 2) Who has custody of the child? _____
- 3) Does the noncustodial parent have visitation? YES ___ NO ___
If yes, what is the visitation schedule? _____
- 4) List all siblings in the home. _____

- 5) Are there siblings that live in another home? YES ___ NO ___
- 6) Are there pets inside or outside the house? YES ___ NO ___
- 7) Is your child exposed to smoke inside or outside of the house? YES ___ NO ___
- 8) Are there guns in the home? YES ___ NO ___
If yes, are all guns locked up and away from ammunition? YES ___ NO ___

FAMILY HISTORY: circle any problems that run in your family and list who has them

1. **High cholesterol:** Mom, Dad, Brother, Sister // Mom's side relative(who): _____

Dad's side relative(who): _____

2. **Heart disease /Heart condition:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____ Dad's side relative(who):_____

3. **Asthma/lung problems:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

4. **High Blood pressure:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

5. **Diabetes, thyroid/endocrine problem:** Mom, Dad, Brother, Sister

Mom's side relative(who):_____ Dad's side relative(who):_____

6. **Cancer:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

7. **Anemia (low blood count):** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

8. **Bleeding disorders:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

9. **Seizure Disorder:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

10. **Developmental Disability:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

11. **ADHD, Anxiety, Depression or other Mental Illness:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____ Dad's side relative(who):_____

12. **Stomach or digestive problems:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____ Dad's side relative(who):_____

13. **Liver Disease:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

14. **Kidney Disease:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____

Dad's side relative(who):_____

15. **Childhood Hearing Problems:** Mom, Dad, Brother, Sister // Mom's side relative(who):_____ Dad's side relative(who):_____

16. **Immune System problems:** Mom, Dad, Brother, Sister // Mom's side relative(who): _____

Dad's side relative(who): _____

17. **Cancer:** Mom, Dad, Brother, Sister // Mom's side relative(who): _____

Dad's side relative(who): _____