			ID NUMBER						
RM COMPLETED BY		DATE COMPLETED	BIRTH DATE	AGE M					
Household			and the second s						
ease list all those	living in the child's h	ome.	Are there siblings not	listed? If so, please list their names					
	Relationship	Birth Health date problems	and ages and where th	ey live					
Name	to child	date production	If mother and father an not live with parents, v	re not living together or if child does what is the child's custody status?					
			If one or both parents does he/she see the parents	are not living in the home, how often arent/parents not in the home?					
Birth Histo			Was the delivery ☐ Vagin	al? Cesarean?					
		Early? Late?	Did your baby have any prob	lems right after birth?					
Did mother have a	any illness or problem	n with her pregnancy?	☐ Yes ☐ No Explain						
☐ Yes ☐ No	Explain		Was initial feeding ☐ Breast? ☐ Bottle?						
Smoke ☐ Yes ☐	instinue T Yes T	Drink alcohol Yes No	Did your baby go home with						
General									
Do you consider	your child to be in go	ood health?							
		ss or medical condition?	☐ Yes ☐ No Explain						
5005 / Can - Cime			DV DNI- Evelein						
	a serious injuries or	accidents?		e e e e e e e e e e e e e e e e e e e					
Has your child had		accidents?	☐ Yes ☐ No Explain	E SAN AREA CONTRACTOR OF THE SAN AND ASSAULT					
Has your child had Has your child had			 ☐ Yes ☐ No Explain Explain 	2 - 50° 100° 100° 100° 100° 100° 100° 100°					
Has your child had Has your child had Has your child eve	d any surgery?		 ☐ Yes ☐ No Explain Explain 	2					
Has your child had Has your child had Has your child eve Is your child aller	d any surgery? er been hospitalized? gic to any medicines		 ☐ Yes ☐ No Explain Explain 	2 (37 (15) (38 (15) (37 (15) (
Has your child had Has your child had Has your child even Is your child aller; Developm	d any surgery? er been hospitalized? gic to any medicines	or drugs?	 ☐ Yes ☐ No Explain ☐ Yes ☐ No Explain ☐ Yes ☐ No Explain 						
Has your child had had your child had had your child even ls your child allers Development of the your concerns on the your concerns the your child had the your child allers the your child allers the your child had the your concerns the your	d any surgery? er been hospitalized? gic to any medicines nent ed about your child's	or drugs? physical development?	☐ Yes ☐ No Explain	production of the second secon					
Has your child had Has your child evel op now concerns Are you concerns the same con	d any surgery? er been hospitalized? gic to any medicines nent ed about your child's ed about your child's	or drugs? physical development? mental or emotional development?	Yes No Explain						
Has your child had Has your child evel op now concerns Are you concerns the same con	d any surgery? er been hospitalized? gic to any medicines nent ed about your child's ed about your child's	or drugs? physical development? mental or emotional development?	Yes No Explain						

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Has he/she failed or repeated a grade in school? How is he/she doing in academic subjects? Is he/she in special or resource classes?_



Initial History Questionnaire

Family History						
Have any family members had the following	g:					T I
Deafness	☐ Yes	□ No	Who _	- 110	Comments	
Nasal allergies	☐ Yes	□ No				
Asthma	☐ Yes	□ No				
Tuberculosis	☐ Yes	□ No				
Heart disease (before 50 years old)	☐ Yes	□ No				
High blood pressure (before 50 years old)	☐ Yes	□ No		94.00 P.00		
High cholesterol	☐ Yes	□ No			Comments	
Anemia	☐ Yes	□ No				
Bleeding disorder	☐ Yes	□ No				
Liver disease	☐ Yes	□ No			T	
Kidney disease	☐ Yes	□ No		<u>-</u>	_	
Diabetes (before 50 years old)	☐ Yes	□ No			-	
Bed-wetting (after 10 years old)	☐ Yes					
Epilepsy or convulsions		□ No				
Alcohol abuse	☐ Yes	□ No				
Drug abuse	☐ Yes	□ No		41700		
Mental illness	☐ Yes	□ No				
Mental retardation	☐ Yes	□ No	Who		Comments _	
	☐ Yes	□ No			Comments _	
Immune problems, HIV, or AIDS	☐ Yes	□ No			Comments _	
Past History Does your child have, or has he/she ever had	d:					
Past History Does your child have, or has he/she ever had	d:	☐ Yes	□ No	When		
Past History Poes your child have, or has he/she ever had hickenpox requent ear infections	d:	☐ Yes	□ No			
Past History Does your child have, or has he/she ever had thickenpox requent ear infections roblems with ears or hearing	d:			Explain		
Past History oes your child have, or has he/she ever had hickenpox requent ear infections roblems with ears or hearing	d:	☐ Yes	□ No	Explain Explain		
Past History Poes your child have, or has he/she ever had hickenpox requent ear infections roblems with ears or hearing asal allergies	d:	☐ Yes	□ No □ No □ No	Explain Explain Explain		
Past History toes your child have, or has he/she ever had hickenpox requent ear infections roblems with ears or hearing lasal allergies roblems with eyes or vision		☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No	Explain Explain Explain Explain		
Past History Does your child have, or has he/she ever had thickenpox requent ear infections roblems with ears or hearing lasal allergies roblems with eyes or vision sthma, bronchitis, bronchiolitis, or pneumon		☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No□ No□ No□ No□ No	Explain Explain Explain Explain Explain		
Past History oes your child have, or has he/she ever had hickenpox requent ear infections roblems with ears or hearing asal allergies roblems with eyes or vision sthma, bronchitis, bronchiolitis, or pneumon by heart problem or heart murmur		☐ Yes	□ No□ No□ No□ No□ No□ No	Explain Explain Explain Explain Explain Explain		
Past History oes your child have, or has he/she ever had hickenpox equent ear infections oblems with ears or hearing asal allergies oblems with eyes or vision othma, bronchitis, bronchiolitis, or pneumon of heart problem or heart murmur memia or bleeding problem		Yes Yes	No No No No No No No No	Explain Explain Explain Explain Explain Explain Explain		
Past History Des your child have, or has he/she ever had a provided in the pr		 ☐ Yes 	No No No No No No No No	Explain Explain Explain Explain Explain Explain Explain Explain Explain		
Past History oes your child have, or has he/she ever had hickenpox requent ear infections roblems with ears or hearing asal allergies roblems with eyes or vision sthma, bronchitis, bronchiolitis, or pneumor ny heart problem or heart murmur nemia or bleeding problem bood transfusion equent abdominal pain		Yes Yes	No No No No No No No No	Explain		
Past History loes your child have, or has he/she ever had hickenpox requent ear infections roblems with ears or hearing lasal allergies roblems with eyes or vision sthma, bronchitis, bronchiolitis, or pneumor my heart problem or heart murmur nemia or bleeding problem lood transfusion requent abdominal pain constipation requiring doctor visits		Yes	No No No No No No No No	Explain		
Past History oes your child have, or has he/she ever had hickenpox equent ear infections oblems with ears or hearing asal allergies oblems with eyes or vision othma, bronchitis, bronchiolitis, or pneumon on heart murmur memia or bleeding problem ood transfusion equent abdominal pain onstipation requiring doctor visits dder or kidney infection		Yes Yes	No No No No No No No No	Explain		
Past History Does your child have, or has he/she ever had thickenpox requent ear infections roblems with ears or hearing lasal allergies roblems with eyes or vision sthma, bronchitis, bronchiolitis, or pneumor my heart problem or heart murmur memia or bleeding problem ood transfusion equent abdominal pain constipation requiring doctor visits adder or kidney infection ad-wetting (after 5 years old)	nia	Yes Yes	No No No No No No No No	Explain		
Past History Does your child have, or has he/she ever had chickenpox requent ear infections roblems with ears or hearing lasal allergies roblems with eyes or vision sthma, bronchitis, bronchiolitis, or pneumon my heart problem or heart murmur memia or bleeding problem ood transfusion equent abdominal pain constipation requiring doctor visits adder or kidney infection ad-wetting (after 5 years old) or girls) Has she started her menstrual per	nia	Yes Yes	No No No No No No No No	Explain		
Past History loes your child have, or has he/she ever had thickenpox requent ear infections roblems with ears or hearing lasal allergies roblems with eyes or vision sthma, bronchitis, bronchiolitis, or pneumon my heart problem or heart murmur memia or bleeding problem lood transfusion lequent abdominal pain lonstipation requiring doctor visits ladder or kidney infection lid-wetting (after 5 years old) lor girls) Has she started her menstrual perior girls) Are there problems with her perio	nia	Yes Yes	No No No No No No No No	Explain		
Past History Does your child have, or has he/she ever had chickenpox requent ear infections roblems with ears or hearing dasal allergies roblems with eyes or vision asthma, bronchitis, bronchiolitis, or pneumor my heart problem or heart murmur memia or bleeding problem dood transfusion requent abdominal pain constipation requiring doctor visits adder or kidney infection red-wetting (after 5 years old) or girls) Has she started her menstrual per for girls) Are there problems with her perion my chronic or recurrent skin problem mene, eczema, etc)	nia	Yes Yes	No No No No No No No No	Explain		
Past History Does your child have, or has he/she ever had Chickenpox Frequent ear infections Problems with ears or hearing Nasal allergies Problems with eyes or vision Assthma, bronchitis, bronchiolitis, or pneumorary heart problem or heart murmuranemia or bleeding problem Idood transfusion Frequent abdominal pain Fonstipation requiring doctor visits Fadder or kidney infection Fied-wetting (after 5 years old) For girls) Has she started her menstrual perfor girls) Are there problems with her perion by chronic or recurrent skin problem che, eczema, etc) Fequent headaches	nia	Yes Yes	No No No No No No No No	Explain		
Past History Does your child have, or has he/she ever had Chickenpox Problems with ears or hearing Nasal allergies Problems with eyes or vision Asthma, bronchitis, bronchiolitis, or pneumor any heart problem or heart murmur anemia or bleeding problem Ilood transfusion requent abdominal pain constipation requiring doctor visits ladder or kidney infection ed-wetting (after 5 years old) for girls) Has she started her menstrual perior girls) Are there problems with her perior ye chronic or recurrent skin problem cne, eczema, etc) equent headaches provulsions or other neurologic problem	nia	Yes Yes	No No No No No No No No	Explain		
Past History Does your child have, or has he/she ever had Chickenpox requent ear infections roblems with ears or hearing dasal allergies roblems with eyes or vision disthma, bronchitis, bronchiolitis, or pneumorally heart problem or heart murmural nemia or bleeding problem dood transfusion requent abdominal pain constipation requiring doctor visits adder or kidney infection ed-wetting (after 5 years old) for girls) Has she started her menstrual perfor girls) Are there problems with her perion by chronic or recurrent skin problem time, eczema, etc) equent headaches	nia	Yes Yes	No No No No No No No No	Explain		

☐ Yes ☐ No

□ No

Explain

Explain .

Any other significant problem

Use of alcohol or drugs