

Date: _____

Dear Patient:

Please take a few minutes to complete this medical history questionnaire for your child. Read each question and circle the answer. When appropriate, simply fill in the blank.

Thank you.

MARIANNE SCHUELEIN, M.D.

NAME: _____ AGE OF CHILD: _____

He/She has had the following conditions:

Allergies	Yes	No	Hay Fever	Yes	No
Anemia	Yes	No	Headaches	Yes	No
Asthma	Yes	No	Hearing problems	Yes	No
Back/Neck pain	Yes	No	Heart trouble	Yes	No
Behavior problems	Yes	No	High blood pressure	Yes	No
Bladder infections	Yes	No	Pneumonia	Yes	No
Blood transfusions	Yes	No	Psychiatric problems	Yes	No
Bronchitis	Yes	No	School problems	Yes	No
Cancer	Yes	No	Sinusitis	Yes	No
Diabetes	Yes	No	Stomach ulcer	Yes	No
Ear infections	Yes	No	Tuberculosis	Yes	No
Epilepsy	Yes	No	STD's		

He/She

has used Alcohol	Yes	No	May be pregnant	Yes	No
has used Drugs	Yes	No	Uses Birth Control Pills	Yes	No

Please describe any other health problems: _____

Please list any medications he/she is taking now: _____

Is he/she **ALLERGIC** to any medications? Yes No If so, please list them: _____

Is he/she currently getting "allergy shots"? Yes No

Please list any hospitalizations or serious accidents he/she has had and the reason: _____

<u>Developmental Milestones</u>	<u>Age Attained</u>	<u>Developmental Milestones</u>	<u>Age Attained</u>
Smiled in response	_____	Spoke in sentences	_____
Rolled over	_____	Toilet trained	_____
Sat unsupported	_____	Knew colors	_____
Walked	_____	Rode tricycle	_____
First words	_____	Tied shoes	_____

Family History

Drug or alcohol abuse	_____	HIV	_____
Headaches	_____	Developmental delay	_____
Psychiatric problems	_____	Seizures	_____
Neurological problems	_____		

Are parents related other than by marriage? _____

Mother - significant medical or psychiatric history?

Father - significant medical or psychiatric history?

School History

Name of School: _____ Grade: _____

Please discuss any problems your child has had at school or elsewhere.

Thank you for taking the time to complete this questionnaire. Please feel free to use additional space to note any facts pertaining to his/her general health that were not included in the questionnaire.