

# New Patient Questionnaire

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Please list all those living in the patient's home:

Name	Relationship to patient	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the patient live with both biological parents? \_\_\_\_\_

If not, what is the custody arrangement? \_\_\_\_\_

## **MEDICAL HISTORY**

Were there any issues with the pregnancy or delivery with this patient?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the baby go home from the hospital when their mother did after birth? \_\_\_\_\_

Has the patient had any surgeries? Please list.

\_\_\_\_\_  
\_\_\_\_\_

Has the patient ever been hospitalized overnight? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

**PATIENT NAME** \_\_\_\_\_

**PATIENT DOB** \_\_\_\_\_

**Please circle and explain if the patient has had any of the following:**

Eye or vision problems

Allergies

Arthritis or rheumatologic problems

Frequent ear infections

Hearing loss

Asthma or wheezing

Pneumonia

Heart issues or murmurs

High blood pressure

Constipation

Bladder or kidney infections

Bone or joint problems

Concussion or head injury

Seizures

Skin issues

Thyroid or other endocrine problems

Diabetes

Genetic disorder

Anemia

Bleeding issues

Cancer

Bone marrow or organ transplant

HIV

Developmental delays

School problems or learning difficulties

Anxiety or depression

**PATIENT NAME** \_\_\_\_\_

**PATIENT DOB** \_\_\_\_\_

**FAMILY HISTORY (Please include patient's parents, grandparents, siblings, aunt and uncles. Do not include great grandparents or great aunts and uncles)**

**Circle and explain any that apply. Please note who had the issue.**

Anemia

Arthritis or rheumatologic disorder

Bleeding problems

Asthma

Allergies

Cancer

Childhood hearing loss

Depression

Anxiety

Developmental disability

Diabetes

Heart disease

High blood pressure

High cholesterol

HIV

Kidney disease

Liver disease

Mental health conditions

Seizures

Stroke

Substance abuse

Thyroid or endocrine disease

Tuberculosis

Vision or eye problems