ARETE FAMILY CARE, LLC

Patient name: _____ Patient DoB: _____
Parent/guardian name(s): _____
Parent/guardian Signature: _____

Patient Health History Questionnaire (Ages 0-4)

Today's date: _____

Medications/supplements (include name and dosage): _____

Allergies to medications/food (include reaction): _____

Surgical/hospitalization history (include month/year): _____

Family History (specify relation for each)

- ☐ Allergies _____
- ☐ Asthma _____
- ☐ Bleeding disorder _____
- ☐ Cancer _____
- ☐ Developmental disability _____
- ☐ Diabetes _____
- ☐ Hearing loss _____
- ☐ Heart disease before 55 _____
- ☐ Hypertension _____
- ☐ Kidney disease _____
- ☐ Liver disease _____
- ☐ Mental illness/depression _____
- ☐ Seizures _____
- ☐ Other: _____

During pregnancy did mother:

Use tobacco? ☐ Yes ☐ No Explain: _____

Drink alcohol? ☐ Yes ☐ No Explain: _____

Use drugs/meds? ☐ Yes ☐ No Explain: _____

Problems during pregnancy: _____

Birth weight: _____

Birth location: _____

Birth method: ☐ Vaginal ☐ C-section

Premature? ☐ Yes ☐ No Gestational weeks: ____

Problems after birth: _____

Social History

Parents relationship status: _____

Child adopted/in foster care? ☐ Yes ☐ No

Explain: _____

Names/ages of siblings: _____

Others in the home: _____

Pediatrician (if not with Arete): _____

Vaccines up to date? ☐ Yes ☐ No

Daycare/preschool: _____

Any household members smoke? ☐ Yes ☐ No

Animals in the home? ☐ Yes ☐ No

Medical History Diagnosed by a Healthcare Provider (If Yes, explain)

- ☐ Allergies (environmental) _____
- ☐ Asthma _____
- ☐ Autism _____
- ☐ Birth defects _____
- ☐ Broken bones _____
- ☐ Cancer _____
- ☐ Constipation (frequent) _____
- ☐ Diabetes _____
- ☐ Developmental delay (growth, speech) _____
- ☐ Ear infections (frequent) _____
- ☐ Gait problems _____
- ☐ Head injury _____
- ☐ Heart problems _____
- ☐ Hives (frequent) _____
- ☐ Pneumonia _____
- ☐ Reflux disease (GERD) _____
- ☐ Seizures _____
- ☐ Skin issues _____
- ☐ Urinary tract infection _____
- ☐ Visual impairment _____
- ☐ Other: _____