



GENTLE PEDIATRICS

MEDICAL QUESTIONNAIRE

Patient Name: _____

Birth Weight: _____

Birth Complications: _____

Hospital admissions in the past: _____

Passed hearing test at birth: Yes / No

Immunization status: up to date / not up to date / not sure

Major illness in the past: _____

Is patient under the care of any doctor? _____

Any allergies? _____

Any developmental concerns? _____

School performance: excellent / good / fair / poor

Any illness in the family, if so, what is it and who has it? _____

Any deaths in the family before the age of 50 years? _____

Any other concerns? _____
