

# LORI MCAULIFFE, M.D., P.A.

## New Patient Questionnaire

(to be completed by parent/guardian if patient is under 18)

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Age: \_\_\_\_\_ Father's Age: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

### Birth History

Birth Hospital: \_\_\_\_\_  
Any Pregnancy Complications: \_\_\_\_\_  
Any Delivery Complications: \_\_\_\_\_

### Past Medical History

Name of Child's previous MD: \_\_\_\_\_  
Please list any hospitalizations: \_\_\_\_\_  
Please list any surgeries: \_\_\_\_\_  
Please list any specialists which your child has seen: \_\_\_\_\_

### Allergy History\*\*

Has your child ever had an allergic reaction to a medication, vaccine or food?  No  Yes

Which? \_\_\_\_\_  
What was the reaction? \_\_\_\_\_

### Family History

Are mom and dad both in good health?  Yes  No  
Has anyone in your family died young/suddenly?  No  Yes Who/How: \_\_\_\_\_  
Are there any diseases which "run in your family?"  No  Yes Which: \_\_\_\_\_

### Social History

Are parents married?  Yes  No  
Does your child attend school or daycare?  No  Yes Where? \_\_\_\_\_  
Does anyone smoke around your child?  No  Yes  
Is there a gun in your home?  No  Yes If so, please store it locked and unloaded  
Do you own any pets?  No  Yes Which? \_\_\_\_\_  
Do you feel safe in your home?  Yes  No  
What year was your home built? \_\_\_\_\_  
My child wears a bike helmet?  Yes  No  n/a  
My child rides in a car seat/uses a seat belt?  Yes  No

### Current History

Is your child currently taking any medications?  No  Yes Which? \_\_\_\_\_  
Is your child a good eater and drinker?  Yes  No  
Does your child poop and pee what you consider normally?  Yes  No  
Does your child sleep well?  Yes  No  
Does your child mind you?  Yes  No  
Is your child doing well in school?  Yes  No  
Do you have speech or learning concerns?  No  Yes  
Is there anything else regarding your medical/social history you want us to be aware of? \_\_\_\_\_

**OFFICE USE ONLY: \*\*List any reported Allergies on front of chart\*\***