

New Patient Questionnaire 2021

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

(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? Yes No Who/How: _____
Are there any diseases which "run in your family?" Yes No Which: _____

Social History

Are parents married? Yes No
Does your child attend school or daycare? Yes No Where? _____
Does anyone smoke around your child? Yes No
Is there a gun in your home? Yes No If so, please store it locked and unloaded
Do you own any pets? Yes No 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? Yes No 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? Yes No
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**

Accepted by: _____ C.Z. _____ E.T. _____ P.N. _____ L.I. _____ A.C. _____ B.H. _____ M.M. _____ N.S.