

# New Patient Questionnaire 2022

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

Today's Date: \_\_\_\_\_

Mother/Father's Name: \_\_\_\_\_ Father/Mother's Name \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ 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: \_\_\_\_\_

Mom's age at first period Age: ~ \_\_\_\_\_ years

## 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 rides in a car safety seat/uses a seat belt?  Yes  No

## Current History

When was your child's last WELL VISIT? Date: \_\_\_\_\_

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\*\***

Accepted by: \_\_\_CZ \_\_\_ET \_\_\_PN \_\_\_LI \_\_\_AC \_\_\_MM \_\_\_CP \_\_\_TM

1/2022