



Children's Confidential Health Questionnaire

To be filled out by parent or legal guardian

Basic Information

Name: _____

Address: _____

Telephone: _____ Email: _____

Age: _____ Height: _____

Weight: _____

Date of Birth: _____ Place of Birth: _____

What is the main issue or concern as you see it?

Health History From Birth

Health of pregnancy?

Delivery - vaginal, cesarean, complications, premature, etc.?

Breastfeeding? Any issues? How long?

1st Yr. Health Problems?

2nd Yr. Health Problems?

Colic?

Vaccinations? Reactions?

Antibiotics?

Solids - When introduced? What?

Developmental markers reached for motor, speech, etc.?

Illnesses, medical procedures, surgeries?

Sleep patterns? (e.g. sleep through the night, fitful sleep, nightmares)

Bedwetting?

Environment

Home Life Generalities - Relationships of the people surrounding the child? How are difficult situations handled?

Social Interactions & Psychological Health - Please describe the child's social behaviors and presence of mind.

Toxic exposure in the past or currently? Home materials, mold, heavy metals, chemicals, radiation, etc.

Dental history - What, if any, dental procedures have been done?

Physical Presentation - Please describe the following areas

Teeth/Mouth - (e.g. hard and strong, or soft and prone to decay, canker sores)

Face - (e.g. dry/oily skin, discoloration, puffy, warts or growths)

Lips - (e.g. red, swollen, purple, pale, cracks, cold sores)

Hair - (e.g. thin, thick, shiny, dull, falling out)

Eyes - (e.g. puffy, dark circles, wet, red, dry, clear, dull)

Body - (e.g. underweight, overweight, body shape -feminine/masculine)

Voice - (e.g. strong and energetic, weak and listless, too loud)

Hands/Nails - (e.g. white spots on nails, cracked/chipped, eczema, red, pale, thick, thin)

Skin - (e.g. rashes, dryness, eczema, discoloration, acne)

Any other comments or concerns?