



1919 Lathrop St. Suite 222
Fairbanks, AK 99701

Pediatric Health History Questionnaire

Your answers on this form will help us understand your child's medical concerns and conditions.
ALL QUESTIONS ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Child's Full Legal Name: _____ Today's Date: _____

Preferred Name: _____ Pronouns: _____ Date of Birth: _____

Sex Assigned at Birth: Female Male Intersex

SOCIAL HISTORY

Please list everyone living in the child's home, including name and relationship to child:

Does the child live with both biological parents? Yes No

If not, what is the child's current living situation?

Single-parent custody Joint custody Adoptive family Foster Care

Other family members: _____

Does anyone smoke at home? Yes No

Does your child attend school or daycare? If so, name/grade _____

BIRTH HISTORY

Baby's Birth Weight _____

Full-term Preterm _____ weeks Post-term _____ weeks

Delivery: Vaginal Cesarean, Reason: _____

Any complications during birth or after birth? No Yes, Explain: _____

Did the baby need to go to the NICU (neonatal intensive care unit)? No Yes, Explain: _____

MEDICAL HISTORY

List Medication Allergies or Reactions:

If no allergies check NONE

Medication Allergy	Reaction
1.	
2.	
3.	

Please list any previous surgeries or overnight hospital stays:

Type of surgery/reason for hospitalization	Reason	Date or Approx Year
1.		
2.		
3.		

