



Dr. Kay Miller 435 South Main Street Fond du Lac, WI 54935 Phone: 920-933-3536

INFANT/TODDLER HEALTH QUESTIONNAIRE

Today's Date _____

Child's Name _____ Parent's Name(s) _____

Child's Date of Birth _____ Child's Pediatrician _____

Birth Weight _____ Birth Length _____

Present Weight _____ Present Height _____

History: (Please describe your present complaint/reason for visit)

When did complaint begin? (Specify date) _____

Please describe any problems/difficulties during pregnancy: _____

Did you take pre-natal vitamins during pregnancy? YES NO

Did you smoke during pregnancy? YES NO

Did you drink during pregnancy? YES NO

Please circle type of delivery (all that apply):

Natural Pelvic Block Epidural Induced C-Section Hospital Home

Please describe length of labor/delivery _____

Were any of the following used during delivery? Suction Forceps

Is/Was child breastfed? YES NO How Long? _____

What type (if any) formula are you using? _____

(Please continue on back side)

Please describe any concerns with child's eating habits or sleeping habits: _____

Please describe frequency of child's bowel habits: _____

Is child currently taking any medications? Please list: _____

Please describe any other health concerns of your child since birth. Any surgeries? Any trauma? Etc. _____

Has your child seen any other doctor's besides pediatrician? If yes, who? _____

Please circle any of the following conditions your child has suffered from during the past 6 months:

- | | | | |
|----------------|------------------|------------------|--------------------|
| EAR INFECTIONS | ASTHMA/ALLERGIES | COLIC | DIGESTION PROBLEMS |
| BED WETTING | SEIZURES | ADHD | CAR ACCIDENT |
| OTHER TRAUMA | CHRONIC COLDS | RECURRING FEVERS | |
| HEADACHES | GROWING PAINS | | |

OTHER: _____
