Pediatric Health Profile

Name_____ Today's Date _____

Date Of Birth_____ Sex: ☐ Male ☐ Female

Address_____

City, State, Zip_____ Phone_____

Parent/Guardian Name_____

Address (If different from child's)_____

Please check off problem area(s) or condition(s) your child has experienced and CIRCLE the one(s) that affect him/her the most:

☐ Headaches	☐ Fatigue	☐ Scoliosis	☐ Stomach Trouble
☐ Sinus Pain/Allergies	☐ Irritability	☐ Learning Disorder	☐ Rashes
☐ Ear Infections	☐ Hyperactivity	☐ Diarrhea	☐ Bed wetting
☐ Sleeping Problems	☐ Under activity	☐ Constipation	☐ Poor Diet
☐ Breathing Problems	☐ Colic	☐ Asthma	☐Frequent Colds/Flu

Other current health problems, areas of pain or concerns:_____

_____

How do the above problems affect your child's daily life?

☐ Restricted in daily activities ☐ Hindering ability to exercise or to participate in sports

☐ Poor posture during reading, watching TV, working at a computer ☐ Excessive thirst or appetite

How long has your child been experiencing these problems?_____

Over time, has the problem gotten? ☐ Better ☐ Worse

Have you seen any other health care professionals for this condition? ☐ Yes ☐ No

Regarding your child:

Is your child accident prone?	☐ Yes ☐ No
Has your child had any falls down steps?	☐ Yes ☐ No
Has your child ever been involved in a motor vehicle accident?	☐ Yes ☐ No
Has your child ever been hospitalized or had surgery?	☐ Yes ☐ No
Has your child ever had any broken bones or sprain injuries?	☐ Yes ☐ No
Is your child currently taking any medications?	☐ Yes ☐ No
Does your child carry a backpack?	☐ Yes ☐ No
Does your child's sleep pattern seem normal to you?	☐ Yes ☐ No
Was your child breast fed?	☐ Yes ☐ No
Has your child been exposed to vaccinations?	☐ Yes ☐ No
Has your child taken antibiotics?	☐ Yes ☐ No
Does your child have problems with bonding?	☐ Yes ☐ No
Does your child have behavioral problems?	☐ Yes ☐ No
Did your child enter daycare at an early age?	☐ Yes ☐ No
Is your child involved in sports?	☐ Yes ☐ No

How would you rate the health of the child's brothers and sisters? ☐ Good ☐ Fair ☐ Poor