



PATIENT QUESTIONNAIRE

NAME: _____ **DATE OF BIRTH:** _____

Prenatal History:

I) Exposures (*circle one*):

- 1) Cadmium, lead, Mercury.....
- 2) Excessive intake of caffeine, alcohol
- 3) Carbon dioxide poisoning
- 4) Bacterial toxins, chemical toxins (including drugs intake).....
- 5) Emotional traumas during fetal development

II) Birth Records:

- 1) Delivery.....
- 2) Birth Weight.....
- 3) APGAR scores.....

Growth and Development History:

I) Illness during early infancy (*check as many as applicable*):

- 1) Colic
- 2) Constipation
- 3) Diarrhea
- 4) Feeding problem.....
- 5) Excessive vomiting
- 6) Excessive white coating on the tongue.....
- 7) Excessive crying.....
- 8) Poor sleep.....
- 9) Disturbed sleep.....
- 10) Frequent ear infection.....
- 11) Frequent fever.....
- 12) Immunizations.....
- 13) Response to immunizations.....
- 14) Common childhood diseases(measles, chickenpox, mumps, strep-throat)
- 15) Any other unusual events (fire in the house, accidents, earthquakes etc.)

Others:.....
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II) Development Milestones

Age of child:

- 1) Walked alone
- 2) Talked
- 3) Toilet trained for bladder and bowel
- 4) Enrolled in school

III) Medical History (check as many as applicable):

- 1) Surgeries.....
- 2) Hospitalizations.....
- 3) Diseases.....
- 4) Allergies.....
- 5) Frequent colds.....
- 6) Fevers.....
- 7) Ear infections.....
- 8) Asthma.....
- 9) Hives.....
- 10) Bronchitis.....
- 11) Pneumonia.....
- 12) Seizures.....
- 13) Sinusitis.....
- 14) Headaches.....
- 15) Vomiting.....
- 16) Diarrhea.....
- 17) Current medication.....
- 18) Any reaction to medication.....
- 19) Antibiotics and other drugs taken.....
- 20) Parasitic infestation.....
- 21) Visited other countries.....
- 22) Others.....

IV) Social History

Learning:

- 1) Grades at school.....
- 2) Interaction between friends and teachers.....
- 3) Interaction between family members.....
- 4) Activities at school.....
- 5) Probias.....
- 6) Problems with discipline.....

Behaviors (check as many as applicable):

- _____ 1. Often does not seem to listen when spoken to directly.
- _____ 2. Often has difficulty organizing tasks and activities.
- _____ 3. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
- _____ 4. Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools).
- _____ 5. Is often easily distracted by extraneous stimuli.
- _____ 6. Often has difficulty sustaining attention in tasks or play activities.

- _____ 7. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties (not due to oppositional behavior or failure to understand instructions).
- _____ 8. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- _____ 9. Temper tantrums
- _____ 10. Often leaves seat in classroom or in other situations which remaining seated is expected
- _____ 11. Often runs about or climbs excessively in situations in which it is inappropriate.
- _____ 12. Often fidgets with hands or feet or squirms in seat
- _____ 13. Often talks excessively
- _____ 14. Often has difficulty playing or engaging in leisure activities quietly.
- _____ 15. Is often “on the go” or often acts as if “driven by a motor”.
- _____ 16. Low self-esteem
- _____ 17. Short attention span
- _____ 18. Often blurts out answers before questions have been completed.
- _____ 19. Often has difficulty awaiting turns.
- _____ 20. Often interrupts or intrudes on others (e.g. butts into conversations or games
- _____ 21. Poor memory
- _____ 22. Unusual fears
- _____ 23. Falls down often
- _____ 24. Clumsy
- _____ 25. Unintentionally drop things

Habits (*check as many as applicable*):

- 1) Temper tantrums.....
- 2) Excessively active.....
- 3) Constantly moving in seat or room.....
- 4) Low self-esteem.....
- 5) Short attention span.....
- 6) Poor memory.....
- 7) Unusual fears.....
- 8) Falls down often.....
- 9) Clumsy.....
- 10) Unintentionally drop things.....
- 11) Others.....

Hobbies (*check as many as applicable*):

- 1) Reading.....
- 2) Painting.....
- 3) Singing.....
- 4) Horse back riding.....
- 5) Exercise.....
- 6) Others
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V) Family history—medical, social, psycho-emotional

- 1) Mother.....
- 2) Father.....

- 3) Siblings.....
- 4) Grandparents.....
- 5) Uncles.....
- 6) Aunts.....
- 7) Cousins.....

VI) Present history

- 1) Main symptom.....
- 2) When did first symptom occur.....
- 3) Did symptom first occur in infancy, childhood, adolescence or adult.....
- 4) Did symptom first occur after going through a certain procedure (dental, antibiotic treatment, vaccination).....
- 5) Did symptom first occur after a bout of illness.....
- 6) Did symptom first occur after a change in diet.....
- 7) Did symptom first occur after a change in living environment.....
- 8) Did symptom first occur after a change in family dynamics.....
- 9) How often does the symptom occur in a day/month/year.....
- 10) What time of the day/month/year does the symptom occur.....
- 11) What makes the symptom worst.....
- 12) What makes the symptom better

Additional Information:

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