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Pre-Visit Questionnaire

Our staff and physicians will be asking you about your child's present health, but to allow us to learn more about your child, please complete this questionnaire. Although some questions may be a little startling, please understand that they address current health issues.

We greatly appreciate the opportunity to care for your family.

Patient's Name _____ DOB: _____

Does your child have allergies No Yes _____?

Do you have a pet in the home? Dog Cat Bird Fish Other _____

Does anyone in the home smoke? No Yes Who? _____

Has your child ever been hospitalized? No Yes When? _____ Why? _____

Does your child have any medical problems? _____

Father's Occupation? _____ Mother's Occupation? _____

Who are in the child's current household? Mother Father Step-Parent Siblings Grandparent 1 2

Other household members? _____

What are their siblings names?

Name _____ DOB: _____

Name _____ DOB: _____

If parents are not together is there a court ordered custody No Yes _____

Did you bring a copy of the court order with you for us to place in your child's chart? No Yes
 (If you did not bring it today, please bring a copy to a future visit)

Do any of the child's family members have the following diseases? Please circle

Asthma	Mother	Father	Brother	Sister	Grandmother	Grandfather	Paternal	Maternal
Allergies	Mother	Father	Brother	Sister	Grandmother	Grandfather	Paternal	Maternal
Diabetes	Mother	Father	Brother	Sister	Grandmother	Grandfather	Paternal	Maternal
Cancer	Mother	Father	Brother	Sister	Grandmother	Grandfather	Paternal	Maternal
Hypertension	Mother	Father	Brother	Sister	Grandmother	Grandfather	Paternal	Maternal
High Cholesterol	Mother	Father	Brother	Sister	Grandmother	Grandfather	Paternal	Maternal

For Children under the age of 2

Birth Weight _____ Full Term? No Yes Vaginal? No Yes

Problems during pregnancy or delivery? No Yes _____