

Date: \_\_\_\_\_

**University Hospitals- Dr. Marcus Baratian  
Healthy Kids Pediatrics  
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**Health History Questionnaire- Ages 2 years and older**

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Significant Medical Problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications/Vitamins: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Broken bones or: \_\_\_\_\_

Family history of anything: (cancer, diabetes, high blood pressure, high cholesterol, etc), please indicate who has these problems.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With whom does the child live? (Please Circle)

Mom    Dad    Stepmother    Stepfather    Grandparents    Aunt  
Uncle    Other \_\_\_\_\_

Who has custody of the patient, if not biological mother or father? \_\_\_\_\_

\_\_\_\_\_  
Does anyone in the home smoke, if yes, who? \_\_\_\_\_  
\_\_\_\_\_