

Date: _____

**University Hospitals- Dr. Marcus Baratian
Healthy Kids Pediatrics
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Health History Questionnaire under 2 years of age

Patients Name: _____ DOB: _____

Birth: Vaginal or C-section, if C-section was it planned? _____

Were there any complications during the pregnancy? _____

Gestation Weeks: _____ where was the child born _____

Birth Weight _____ Birth Length _____

Significant Medical Problems? _____

Current Medications/Vitamins: _____

Allergies: _____

Surgeries: _____

Broken bones: _____

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? _____