

**PEDIATRIC GEMS, PC**  
**EDMOND SARRAF, MD**

955 S. Carrillo Dr Ste 210  
Los Angeles CA 90048  
1-310-888-7778

[www.pediatricgems.com](http://www.pediatricgems.com)

**INITIAL HEALTH QUESTIONNAIRE AGES 1 TO 5**

(please print)

Name of Patient: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_ F \_\_\_

**Medications:** include all prescription, nonprescription, maintenance & as needed meds

Name \_\_\_\_\_ Dose \_\_\_\_\_ How often ? \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ How often ? \_\_\_\_\_

**Allergies:** please specify type, reaction (hives, swelling, etc.), severity (mild, moderate or severe) & interventions (benadryl, epi pen, etc.)

• To Medications - \_\_\_\_\_ • To Food - \_\_\_\_\_

• Insects, Animals, Other - \_\_\_\_\_

**Immunizations:** Up-to-date? Yes \_\_\_ No \_\_\_ PLEASE BRING OR FAX RECORDS.

**Birth History:**

Born where \_\_\_\_\_ Birth Weight \_\_\_\_\_ Length \_\_\_\_\_ Type of Delivery \_\_\_\_\_

Gestational Age \_\_\_\_\_ Hep B given at birth? Yes \_\_\_ No \_\_\_ Initial Feeding, breast or bottle? \_\_\_\_\_

Mother's Pregnancy Health:

Abnormal Labs/Tests? \_\_\_\_\_ Birth Complications \_\_\_\_\_

Problems during the hospital course \_\_\_\_\_

**Past Medical History:**

What type of medical problems: \_\_\_\_\_

**History of Hospitalizations:** No \_\_\_ Yes \_\_\_ *If yes, please give details.*

Date \_\_\_\_\_ Location \_\_\_\_\_ Reason \_\_\_\_\_

**History of Surgeries:** No \_\_\_ Yes \_\_\_ *If yes, please give details.*

Date \_\_\_\_\_ Location \_\_\_\_\_ Procedure Performed \_\_\_\_\_

**Family Medical History** indicate who in relationship to child has the following problems...

Unremarkable (Please select this if all answers below are no) \_\_\_

Gastrointestinal Problems \_\_\_\_\_ High Cholesterol \_\_\_\_\_ Deafness \_\_\_\_\_ Anemia \_\_\_\_\_

Nasal Allergies \_\_\_\_\_ Liver Disease \_\_\_\_\_ Asthma \_\_\_\_\_ Kidney Disease \_\_\_\_\_ Bronchitis \_\_\_\_\_

Bedwetting >10yrs old \_\_\_\_\_ Wheezing \_\_\_\_\_ Epilepsy, Seizures or Convulsions \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Heart Disease <50yrs old \_\_\_\_\_ Heart Attack <50yrs old \_\_\_\_\_ Blood Pressure <50yrs old \_\_\_\_\_ Alcohol Abuse \_\_\_\_\_

Drug Abuse \_\_\_\_\_ HIV or Aids \_\_\_\_\_ Migraines \_\_\_\_\_ Other Immune Problems \_\_\_\_\_ Diabetes <50yrs old \_\_\_\_\_

Skin Conditions \_\_\_\_\_ Cancer; list type \_\_\_\_\_

**Social History**

**General:**

Parent Information: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single Parent \_\_\_

Legal Guardian \_\_\_\_\_ Patient lives with \_\_\_\_\_

Primary Caretaker: Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Pets: Yes\_\_ No\_\_; If so, what type & how many? \_\_\_\_\_Smoking: Yes\_\_ No\_\_; If so, where? \_\_\_\_\_  
Alcohol Use: No \_\_\_ Yes \_\_\_Drug Use: No \_\_\_ Yes \_\_\_  
Guns in the household: Yes\_\_ No\_\_; If yes, are the guns locked & separate from ammunition? \_\_\_\_\_

**Infants & Children <6yrs old:**

Childcare: Home with parents \_\_\_\_\_ Home with Babysitter \_\_\_\_\_Babysitter in private home \_\_\_Family Daycare \_\_\_\_\_  
Daycare Center (list name) \_\_\_\_\_  
Childproofing appropriate for age: Yes \_\_\_\_\_ No \_\_\_\_\_ Need Information \_\_\_\_\_

**Development:**

Reached milestones at a normal age: Yes\_\_ No\_\_ Not sure \_\_\_  
Delayed? Yes\_\_ No\_\_; If yes, in what area? \_\_\_\_\_  
Has your child been evaluated? Yes\_\_ No\_\_; If so, by whom? \_\_\_\_\_  
Is your child receiving therapy? No\_\_ Yes\_\_\_  
If yes, what type? Speech\_\_\_\_\_Occupational Therapy\_\_\_\_\_Physical Therapy\_\_\_\_\_ Other \_\_\_\_\_  
If yes, where?\_\_\_\_\_