Orangetown Pediatrics
Boston Children's Health Physicians
Until every child is well™

Annual Questionnaire

Name: Date of Birth:

Grade: Date of Visit:

Maternal Height	ft.	in.
Paternal Height	ft.	in.

MEDICAL HISTORY UPDATE

Does your child have medical problems (asthma, diabetes, etc.)? Yes No	Has your child seen a specialist last year? Yes No
Does your child take medications daily? Yes No	Are medications taken on an as needed basis? Yes No
Does your child take vitamins? Yes No	Does your child have medication allergies? Yes No
Does your child have food allergies? Yes No	Hospitalizations in the last year? Yes No
Is there a family history of high cholesterol at a young age (<55 for men, <65 for women)? Yes No	Is there a family history of psychiatric problems? Yes No
Is there a family history of alcohol abuse? Yes No	Are there issues you want to discuss?
Is there a family history of drug abuse? Yes No	

SPORTS HISTORY UPDATE

Has anyone in the family died before age 50 of cardiovascular disease? Yes No	Does your child have wheezing or coughing spells during exercise? Yes No
Has your child ever passed out during exercise? Yes No	Has your child had shortness of breath during exercise? Yes No
Does your child have a history of a concussion in the past year? Yes No	Does your child have only one of any paired organs (i.e. kidneys, ovaries, etc.)? Yes No
Has your child broken any bones in the past year or been injured? Yes No	Is there a family history of bleeding disorders? Yes No
Does your child lose weight regularly to meet the requirements for sports? Yes No	Is there a history in the family of cardiomyopathy or abnormal heart rhythms or prolonged QT syndrome? Note: This does not include murmurs or valve problems. Yes No