Pediatric Questionnaire

GRAND RAPIDS Allergy

Please complete the following information and bring with you to appointment.

Patient Name: _____

Date of Birth: _____

Date of Appointment: _____

Birth and Infancy

☐ Vaginal delivery ☐ C-section Birth Weight _____ At term? _____

Any problems with delivery? _____

Did child remain at hospital? _____ How long and why? _____

Intubation/aspiration type problem at birth? _____

When did allergy symptoms arise (eczema, foods, nasal, chest)? _____

_____

In first year:

RSV _____

Nebulizer use _____

Reflux _____

Ear infections _____

Swimming pool exposure _____

Initial Diet

☐ Breast-fed How long? _____

☐ Formula-fed Starting at what age? _____ Problems? _____

Type of formula:
- ☐ cow milk (traditional formula OR hydrolyzed, such as Nutramigen)
- ☐ soy milk
- ☐ rice milk
- ☐ elemental formula - Neocate / Vivonex / Elecare

Solid foods? _____ Initiated when? _____ Problems? _____

Subsequent Foods

Circle foods eaten now:

Fruit / Vegetables / Eggs / Meats / Grains / Dairy Products / Fish / Shellfish / Peanuts / Tree Nuts / Soy

Problems with foods? _____ If so, describe: _____

_____

Any foods eliminated? _____ What? _____ Why? _____

_____

Other Concerns: _____

Vaccinations (Circle)

Hepatitis B / DTP or DtaP / HIB / Polio / PCV (Pneumococcal conjugate) / MMR / Varicella (Chicken pox) / Pneumovax / Influenza/COVID-19