**Initial Pediatric Questionnaire**

|  |
| --- |
| Child’s First Name MI |
| Child’s Last Name |
| Mother |
| Father |
| Guardians |
| Home Address: |
| Phones: (Home) (Cell) |
| Email: |
| Sex: M F |
| Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Height: |
| Weight: lbs |
| Child’s Current Diagnosis (list all): |
|  |
|  |
|  |
|  |
| Primary Care Physician: Name |
| Address: |
| Phone: |
|  |
|  |
| Maternal age at delivery: \_\_\_\_\_\_\_\_\_ years |
| Illnesses during pregnancy: |
| Medication during pregnancy: |
| Other complications during pregnancy: |
| Complications during labor and delivery: |
| Mode of delivery: C-section/vaginal? If C-section, explain why: |
| If vaginal delivery, did you have forceps/vacuum? |
| Medication(s) during labor and delivery? |
| Full term/premature? (Circle one) How many weeks? \_\_\_\_\_\_\_\_ weeks |
| Complications after delivery? |
| Medications given to child during hospital stay? |
| Other: |

|  |
| --- |
| Please list age when the following skills were mastered and any problems associated with these skills: |
| First words: (Age: \_\_\_\_\_ ) |
| Phrases or sentences: (Age: \_\_\_\_\_ ) |
| Pulling to stand: (Age: \_\_\_\_\_ ) |
| Walking: (Age: \_\_\_\_\_ ) |
| Sitting up: (Age: \_\_\_\_\_ ) |
| Crawling: (Age: \_\_\_\_\_ ) |
| Running: (Age: \_\_\_\_\_ ) |
| Walking up/down steps without help: (Age: \_\_\_\_\_ ) |
| Jumping: (Age: \_\_\_\_\_ ) |
| Put on clothing: (Age: \_\_\_\_\_ ) |
| **Dietary and nutritional history** |
| Breast-fed? Yes / No (Circle One) If yes, how long? |
| Bottle-fed? Yes / No (Circle One)  Brand of formula?  Begun at what age?  For how long? |
| Solid foods?  Begun at what age?  First foods? |
| Whole milk? Yes / No (Circle One)  If yes, begun at what age? |
| Known allergies to food? (Please list): |
| Suspected sensitivities to foods? (Please list): |
| Food cravings? (Please list): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Foods my child eats: Place (x) in appropriate column  If you child has some other food cravings that are not on the list please write them in the “Other” section at the bottom of the list. | | | | | |
| **Food** | **Daily** | **3-5 times**  **per week** | **1-3 times**  **per week** | **Never or**  **almost never** | **Used to eat but**  **no longer does** |
| Cookies: |  |  |  |  |  |
| Candy: |  |  |  |  |  |
| Sweet foods: |  |  |  |  |  |
| Caffeine (soda, tea, etc.): |  |  |  |  |  |
| Chocolate: |  |  |  |  |  |
| Milk: Whole |  |  |  |  |  |
| Milk: 2 % |  |  |  |  |  |
| Milk: 1 % |  |  |  |  |  |
| Milk: Skim |  |  |  |  |  |
| Cheese: |  |  |  |  |  |
| Ice Cream: |  |  |  |  |  |
| Salty Foods: |  |  |  |  |  |
| Meat: |  |  |  |  |  |
| Pasta: |  |  |  |  |  |
| Bread: White: |  |  |  |  |  |
| Bread: Wheat: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Check (X) the most appropriate description below of your child’s diet: | | | | | |
| \_\_\_\_\_\_ Mostly baby foods | | | | | |
| \_\_\_\_\_\_ Mostly carbohydrates (bread, pasta, etc.) | | | | | |
| \_\_\_\_\_\_ Mostly dairy (milk, cheese, etc.) | | | | | |
| \_\_\_\_\_\_ Mostly meat | | | | | |
| \_\_\_\_\_\_ Mostly vegetarian (vegetables, fruits, grains, etc.) | | | | | |
| \_\_\_\_\_\_ Other. Describe: | | | | | |
| Please describe your child’s stool pattern (Examples: daily, foul, large, mushy, etc.) | | | | | |
| **DAY 1** | | | | | |
| Breakfast | | | | | |
| Morning Snack (s) | | | | | |
| Lunch | | | | | |
| Afternoon Snack (s) | | | | | |
| Dinner | | | | | |
| Other | | | | | |

|  |
| --- |
| **DAY 2** |
| Breakfast |
| Morning Snack (s) |
| Lunch |
| Afternoon Snack (s) |
| Dinner |
| Other |

|  |
| --- |
| **DAY 3** |
| Breakfast |
| Morning Snack (s) |
| Lunch |
| Afternoon Snack (s) |
| Dinner |
| Other |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Now** | **Past** | **Diets** | **Very**  **Good** | **Good** | **None** | **Bad** | **Very Bad** | **Comments** |
|  |  | Gluten/ Casein Free |  |  |  |  |  |  |
|  |  | Casein Free |  |  |  |  |  |  |
|  |  | Yeast Free |  |  |  |  |  |  |
|  |  | High Protein/ Low Carb |  |  |  |  |  |  |
|  |  | Low oxalate |  |  |  |  |  |  |
|  |  | Salicylate Free |  |  |  |  |  |  |
|  |  | Low Phenolic |  |  |  |  |  |  |
|  |  | IgG reactive food avoidance |  |  |  |  |  |  |
|  |  | Specific Carbohydrate Diet |  |  |  |  |  |  |
|  |  | Other: |  |  |  |  |  |  |
|  |  | Other: |  |  |  |  |  |  |
|  |  | Other: |  |  |  |  |  |  |

**Please check (X) substances taken now or in the past and mark the appropriate reaction**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Now** | **Past** | **Medications and supplement** | | **Very**  **Good** | | **Good** | | **None** | **Bad** | | **Very Bad** | | **Comments** | |
|  |  | Multivitamin (Specifiy) | |  | |  | |  |  | |  | |  | |
|  |  | Vitamin A | |  | |  | |  |  | |  | |  | |
|  |  | Vitamin C | |  | |  | |  |  | |  | |  | |
|  |  | Vitamin B3 (Niacin) | |  | |  | |  |  | |  | |  | |
|  |  | Vitamin B6 | |  | |  | |  |  | |  | |  | |
|  |  | 5 HTP | |  | |  | |  |  | |  | |  | |
|  |  | Alpha Keto Glutarate (AKG) | |  | |  | |  |  | |  | |  | |
|  |  | GABA | |  | |  | |  |  | |  | |  | |
|  |  | Glutamine | |  | |  | |  |  | |  | |  | |
|  |  | SAMe (SAM, Samyr) | |  | |  | |  |  | |  | |  | |
|  |  | Dimethylglycine (DMG) | |  | |  | |  |  | |  | |  | |
|  |  | TMG | |  | |  | |  |  | |  | |  | |
|  |  | Tryptophan | |  | |  | |  |  | |  | |  | |
|  |  | Tyrosine | |  | |  | |  |  | |  | |  | |
|  |  | Calcium | |  | |  | |  |  | |  | |  | |
|  |  | Magnesium | |  | |  | |  |  | |  | |  | |
|  |  | Manganese | |  | |  | |  |  | |  | |  | |
|  |  | Selenium | |  | |  | |  |  | |  | |  | |
|  |  | Zinc | |  | |  | |  |  | |  | |  | |
| **Now** | **Past** | **Medications and supplement** | | **Very**  **Good** | | **Good** | | **None** | **Bad** | | **Very Bad** | | **Comments** | |
|  |  | Human Growth Factor | |  | |  | |  |  | |  | |  | |
|  |  | IV Immune globulin | |  | |  | |  |  | |  | |  | |
|  |  | Oral Immune globulin | |  | |  | |  |  | |  | |  | |
|  |  | Secretin (IV) | |  | |  | |  |  | |  | |  | |
|  |  | Secretin(transdermal/sublingual) | |  | |  | |  |  | |  | |  | |
|  |  | Steroids (oral) | |  | |  | |  |  | |  | |  | |
|  |  | Steroids (topical) | |  | |  | |  |  | |  | |  | |
|  |  | DHA rich oils | |  | |  | |  |  | |  | |  | |
|  |  | EPA rich oils | |  | |  | |  |  | |  | |  | |
|  |  | Omega 6 rich oils | |  | |  | |  |  | |  | |  | |
|  |  | Cod liver oil | |  | |  | |  |  | |  | |  | |
|  |  | Flax oil | |  | |  | |  |  | |  | |  | |
|  |  | Steroids (topical) | |  | |  | |  |  | |  | |  | |
|  |  | Folic Acid | |  | |  | |  |  | |  | |  | |
|  |  | DMPS | |  | |  | |  |  | |  | |  | |
|  |  | DMSA (succimer, chemet) | |  | |  | |  |  | |  | |  | |
|  |  | Reduced glutathione (TTFD) | |  | |  | |  |  | |  | |  | |
|  |  | Reduced glutathione(IV) | |  | |  | |  |  | |  | |  | |
|  |  | Reduced glutathione(oral) | |  | |  | |  |  | |  | |  | |
|  |  | Melatonin | |  | |  | |  |  | |  | |  | |
|  |  | Digestive enzymes | |  | |  | |  |  | |  | |  | |
|  |  | Peptidase enzymes | |  | |  | |  |  | |  | |  | |
|  |  | Probiotics | |  | |  | |  |  | |  | |  | |
|  |  | Activated Charcoal | |  | |  | |  |  | |  | |  | |
|  |  | Alka Gold | |  | |  | |  |  | |  | |  | |
|  |  | Antibiotics (specify type and number of times): | |  | |  | |  |  | |  | |  | |
|  |  | Diflucan | |  | |  | |  |  | |  | |  | |
|  |  | Nystatin | |  | |  | |  |  | |  | |  | |
|  |  | Saccharomyces boulardii | |  | |  | |  |  | |  | |  | |
|  |  | Others | |  | |  | |  |  | |  | |  | |
|  |  | Others | |  | |  | |  |  | |  | |  | |
|  |  | Others | |  | |  | |  |  | |  | |  | |
|  |  | Others | |  | |  | |  |  | |  | |  | |
|  |  | Others | |  | |  | |  |  | |  | |  | |
|  |  | Others | |  | |  | |  |  | |  | |  | |
| Symptoms | | | Mild | | Moderate | | Severe | | | Duration | | Unique details | |
| Stimming (repetitive actions or movements) | | |  | |  | |  | | |  | |  | |
| Rocking | | |  | |  | |  | | |  | |  | |
| Head banging | | |  | |  | |  | | |  | |  | |
| Self-injuries behavior | | |  | |  | |  | | |  | |  | |
| Nail biting | | |  | |  | |  | | |  | |  | |
| Hand/arm biting | | |  | |  | |  | | |  | |  | |
| Nail/skin picking | | |  | |  | |  | | |  | |  | |
| Aggressiveness (hitting, kicking, biting others) | | |  | |  | |  | | |  | |  | |
| Mood swings | | |  | |  | |  | | |  | |  | |
| Depression | | |  | |  | |  | | |  | |  | |
| Irritability/tantrums | | |  | |  | |  | | |  | |  | |
| Fears/anxieties | | |  | |  | |  | | |  | |  | |
| Hyperactivity | | |  | |  | |  | | |  | |  | |
| Inability to concentrate/focus | | |  | |  | |  | | |  | |  | |
| Fidgety in his/her seat | | |  | |  | |  | | |  | |  | |
| Impulsive | | |  | |  | |  | | |  | |  | |
| Breath holding | | |  | |  | |  | | |  | |  | |
| Dizziness | | |  | |  | |  | | |  | |  | |
| Fainting | | |  | |  | |  | | |  | |  | |
| Seizures | | |  | |  | |  | | |  | |  | |
| Poor coordination | | |  | |  | |  | | |  | |  | |
| Problems with buttons, ties, snaps or zippers | | |  | |  | |  | | |  | |  | |
| Processing problems - visual, motor, or language | | |  | |  | |  | | |  | |  | |
| Problems with social interactions | | |  | |  | |  | | |  | |  | |
| Sensitive to crowds | | |  | |  | |  | | |  | |  | |
| Trouble remembering | | |  | |  | |  | | |  | |  | |
| Low self-esteem | | |  | |  | |  | | |  | |  | |
| Fatigue | | |  | |  | |  | | |  | |  | |
| Cold hands/feet | | |  | |  | |  | | |  | |  | |
| Cold intolerance | | |  | |  | |  | | |  | |  | |
| Heat intolerance | | |  | |  | |  | | |  | |  | |
| Recurrent/chronic fever | | |  | |  | |  | | |  | |  | |
| Flushing | | |  | |  | |  | | |  | |  | |
| Difficulty falling to sleep | | |  | |  | |  | | |  | |  | |
| Difficulty staying asleep | | |  | |  | |  | | |  | |  | |
| Nightmares | | |  | |  | |  | | |  | |  | |
| Difficulty waking up | | |  | |  | |  | | |  | |  | |
| Early waking | | |  | |  | |  | | |  | |  | |
| Daytime sleepiness | | |  | |  | |  | | |  | |  | |
| Bed wetting/soiling | | |  | |  | |  | | |  | |  | |
| Day time wetting/soiling | | |  | |  | |  | | |  | |  | |
| Symptoms | | | Mild | | Moderate | | Severe | | | Duration | | Unique details | |
| Numbness/tingling in hands/feet | | |  | |  | |  | | |  | |  | |
| Headache | | |  | |  | |  | | |  | |  | |
| Blinking | | |  | |  | |  | | |  | |  | |
| Tics | | |  | |  | |  | | |  | |  | |
| Eye discharge | | |  | |  | |  | | |  | |  | |
| Dark circles/puffiness under eyes | | |  | |  | |  | | |  | |  | |
| Night-blindness in child/family | | |  | |  | |  | | |  | |  | |
| Congestion | | |  | |  | |  | | |  | |  | |
| Postnasal drip | | |  | |  | |  | | |  | |  | |
| Sensitivity to bright lights | | |  | |  | |  | | |  | |  | |
| Earaches | | |  | |  | |  | | |  | |  | |
| Ringing in ears | | |  | |  | |  | | |  | |  | |
| Sensitive to sounds/noise | | |  | |  | |  | | |  | |  | |
| Bad breath | | |  | |  | |  | | |  | |  | |
| Nose bleeds | | |  | |  | |  | | |  | |  | |
| Acute sense of smell | | |  | |  | |  | | |  | |  | |
| Sore throats | | |  | |  | |  | | |  | |  | |
| Hoarseness | | |  | |  | |  | | |  | |  | |
| Cough | | |  | |  | |  | | |  | |  | |
| Wheezing | | |  | |  | |  | | |  | |  | |
| Seasonal allergy | | |  | |  | |  | | |  | |  | |
| Geographic tongue (map-like rash) | | |  | |  | |  | | |  | |  | |
| Swollen gums | | |  | |  | |  | | |  | |  | |
| Canker sores | | |  | |  | |  | | |  | |  | |
| Dry lips/mouth | | |  | |  | |  | | |  | |  | |
| Cracking at corner of lips | | |  | |  | |  | | |  | |  | |
| Cold scores | | |  | |  | |  | | |  | |  | |
| Frequent diarrhea | | |  | |  | |  | | |  | |  | |
| Frequent constipation | | |  | |  | |  | | |  | |  | |
| Bloating | | |  | |  | |  | | |  | |  | |
| Passing gas | | |  | |  | |  | | |  | |  | |
| Belching | | |  | |  | |  | | |  | |  | |
| Nausea | | |  | |  | |  | | |  | |  | |
| Vomiting | | |  | |  | |  | | |  | |  | |
| Bad breath | | |  | |  | |  | | |  | |  | |
| Abdominal pain | | |  | |  | |  | | |  | |  | |
| Refusal to eat | | |  | |  | |  | | |  | |  | |
| Poor appetite | | |  | |  | |  | | |  | |  | |
| Sensitive to texture of food | | |  | |  | |  | | |  | |  | |
| Difficulty swallowing | | |  | |  | |  | | |  | |  | |
| Food Craving | | |  | |  | |  | | |  | |  | |
| Undigested food in stool | | |  | |  | |  | | |  | |  | |
| Grinding teeth | | |  | |  | |  | | |  | |  | |
| Symptoms | | | Mild | | Moderate | | Severe | | | Duration | | Unique details | |
| Mucous in stools | | |  | |  | |  | | |  | |  | |
| Blood in stools | | |  | |  | |  | | |  | |  | |
| Anal itching | | |  | |  | |  | | |  | |  | |
| Calf cramps | | |  | |  | |  | | |  | |  | |
| Other muscle cramps/spasms | | |  | |  | |  | | |  | |  | |
| Tremors | | |  | |  | |  | | |  | |  | |
| Weakness | | |  | |  | |  | | |  | |  | |
| Stiffness | | |  | |  | |  | | |  | |  | |
| Eczema | | |  | |  | |  | | |  | |  | |
| Psoriasis | | |  | |  | |  | | |  | |  | |
| Hives | | |  | |  | |  | | |  | |  | |
| Acne | | |  | |  | |  | | |  | |  | |
| Other rashes | | |  | |  | |  | | |  | |  | |
| Easy bruising | | |  | |  | |  | | |  | |  | |
| Ears get red | | |  | |  | |  | | |  | |  | |
| Itchy scalp | | |  | |  | |  | | |  | |  | |
| Itchy skin | | |  | |  | |  | | |  | |  | |
| Dry skin | | |  | |  | |  | | |  | |  | |
| Oily skin | | |  | |  | |  | | |  | |  | |
| Pale skin | | |  | |  | |  | | |  | |  | |
| Sensitivity to insect bites | | |  | |  | |  | | |  | |  | |
| Sensitive to texture of clothes | | |  | |  | |  | | |  | |  | |
| Cracking/peeling hands | | |  | |  | |  | | |  | |  | |
| Cracking/peeling feet | | |  | |  | |  | | |  | |  | |
| Strong body odor | | |  | |  | |  | | |  | |  | |
| Strong urine odor | | |  | |  | |  | | |  | |  | |
| Strong stool odor | | |  | |  | |  | | |  | |  | |
| Soft nails | | |  | |  | |  | | |  | |  | |
| Thickening of nails | | |  | |  | |  | | |  | |  | |
| Ridges/pitting of nails | | |  | |  | |  | | |  | |  | |
| White spots/lines on nails | | |  | |  | |  | | |  | |  | |
| Brittle nails | | |  | |  | |  | | |  | |  | |
| Fungus on nails | | |  | |  | |  | | |  | |  | |
| Any OCD (obsessive compulsive) behaviors | | |  | |  | |  | | |  | |  | |
| Strategies to put pressure on abdomen | | |  | |  | |  | | |  | |  | |
| Reflux | | |  | |  | |  | | |  | |  | |
| Persistent colic | | |  | |  | |  | | |  | |  | |
| Toe Walking | | |  | |  | |  | | |  | |  | |
| Other | | |  | |  | |  | | |  | |  | |
| Other | | |  | |  | |  | | |  | |  | |
| Other | | |  | |  | |  | | |  | |  | |
| Other | | |  | |  | |  | | |  | |  | |
| Other | | |  | |  | |  | | |  | |  | |
| Other | | |  | |  | |  | | |  | |  | |

**Tests**

**If you have a copy of any of recent (within past 6 month) tests that are listed below but not limited to the list please send us a copy:**

* Blood Chemistry (Including Liver Function Tests)
* Blood Count (CBC)
* IgG Food Sensitivity Panel
* IgE Environmental Allergy Panel
* Hair Elements
* Urine Toxic Metals and Elements
* Homocysteine
* Folic Acid
* Serum -Methylmalonic Acid
* Immune Profile
* Urine Organic Acids
* Amino Acids
* Plasma or Serum Zinc
* Plasma or Serum Copper
* RBC Elements
* Iron Studies (Ferritin, % Iron Saturation)
* Thyroid Panel (TSH, etc)
* Serum Vitamin Levels (Specify)
* Stool Culture
* Stool Ova and Parasites
* Uric Acid (blood or urine)

List any other history, pertinent thoughts or questions you want to address:

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