**Health History (Age: 0 – 4 yrs)**

Intake

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social History:

Please check appropriate box and/or answer questions to the best of your ability.

Questions:

1. Diet: \_\_\_Regular \_\_\_Vegetarian \_\_\_Vegan \_\_\_Gluten Free

\_\_\_Other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Exercise Level: \_\_\_None \_\_\_Occasional \_\_\_Moderate \_\_\_Heavy
2. Sporting Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Parents’ Marital Status: \_\_\_Married \_\_\_Unmarried \_\_\_Separated \_\_\_Divorced \_\_\_Widowed
4. Home Situation: \_\_\_Both Parents \_\_\_Mother \_\_\_Father \_\_\_Relatives \_\_\_Adoptive Parents \_\_\_Foster Parents \_\_\_Other Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Childcare: \_\_\_None \_\_\_Relative \_\_\_Private Sitter \_\_\_Daycare/Preschool
7. Animal Exposure: \_\_\_Yes \_\_\_No
8. Passive Smoke Exposure \_\_\_Yes \_\_\_No
9. Seat belt/Car seat used routinely: \_\_\_Yes \_\_\_No
10. Sunscreen used routinely: \_\_\_Yes \_\_\_No
11. Guns present in home: \_\_\_Yes \_\_\_No
12. Smoke Alarm in home: \_\_\_Yes \_\_\_No