



PARENT QUESTIONNAIRE

Patient's legal name:

First *

Last *

Date of Birth:

MM/DD/YYYY *

Date of Appointment:

Primary Care Physician:

Name

Phone #

1. Who is filling out this form?

2. How did you find out about Kartini Clinic?

3. What would you like the doctor to know about your child's situation before she sees him/her?

4. To your knowledge, what is the most your child has ever weighed, and when?

5. Please list all providers your child has seen for eating-related concerns

6. Please list all ALLERGIES, current MEDICATIONS (Including dosages), and FOOD RESTRICTIONS (e.g. Kosher, gluten-free, tree nuts, etc.) for your child

7. Has your child ever taken medication for attention, concentration, depression, insomnia, or stress? Please list:

8. Where was your child born?

City

State

Country

9. Birth weight?

lbs

oz

Premature:

Overdue:

On time:

10. How old was the mother at the time of birth?

11. How many pregnancies did the mother have before?

12. How many live births prior to this pregnancy?

13. Type of delivery? (vaginal vs cesarean section)

14. Were there any complications during pregnancy, labor, or delivery?

15. Did you have any problems with your blood sugar?

16. Did the mother diet or take any medication prior to her pregnancy?

17. How easy/difficult was it to feed your child as a young child?

18. Was his/her early childhood development normal?

19. If a girl, when did she start her periods?

19b. When was her last period?

19c. When did her mother start her periods?

20. If a boy, when did he start to go through puberty?

20b. When did his father start to go through puberty?

21. Has your child ever displayed any self-injurious behavior like cutting or high-risk behavior that led to some kind of injury?

22. Have there been any other major illnesses or hospitalizations for your child?

23. Where does your child go to school?

24. What grade is your child in?

25. What type of grades does your child get?

26. What are your child's main interests or favorite things to do?

27. Where is home?

28. Who lives in the home?

29. Name of parent/guardian:

Name

Occupation:

30. Name of parent/guardian:

Name

Occupation:

31. Were the biological parents ever married? If so, how long?

32. Does your family have a religious affiliation you would like us to know about?