CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND

International Adoption Clinic

747 52nd Street, Oakland, CA 94618 - 510-428-3010 - **Fax**: 510-450-5878

History and Physical Questionnaire

1. Your child's overall health:
   - ☐ Very Healthy
   - ☐ Healthy
   - ☐ Somewhat Sick
   - ☐ Unhealthy
   - ☐ Not sure

2. Your child's activity level:
   - ☐ Very High
   - ☐ High
   - ☐ Medium
   - ☐ Low

3. Does your child take formula?
   - ☐ Yes Brand: _____
   - ☐ No

4. Your child's appetite:
   - ☐ Huge
   - ☐ Good
   - ☐ Fair
   - ☐ Small

5. Your child's food choices:
   - ☐ Eats anything
   - ☐ Eats a wide variety of foods but rejects some
   - ☐ Eats a very limited number of foods

6. Does your child take vitamins?
   - ☐ Yes
   - ☐ No

7. Does your family used Iodized table salt?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

8. Does your family use fluoridated water?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

9. Does your child have digestive problems?
   - ☐ Yes – Spitting up
   - ☐ Yes – Vomiting
   - ☐ Yes – Pain after eating
   - ☐ No

10. What do you think is the cause of the digestive problem?

_____

_____

_____

_____

_____

11. How many bowel movements does your child have per day? _____

12. Bowel movement consistency:
   - ☐ Like water
   - ☐ Like peanut butter
   - ☐ Like clay
   - ☐ Not sure

13. Does the child have any streaks of blood or mucous in the stool?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

14. Has anyone in the family, other than your child, developed gastrointestinal symptoms recently?
   - ☐ Yes
   - ☐ No

15. Does your child have any scars?
   - ☐ Yes
   - ☐ No

16. Does your child have any areas of hair loss on the scalp?
   - ☐ Yes
   - ☐ No

17. Does your child have any type of rash?
   - ☐ Yes – Individual bumps
   - ☐ Yes – Generalized redness
   - ☐ Yes – Itchiness
   - ☐ No (please skip to question #20)

18. If yes, What is the cause of rash?
- ☐ Allergy
- ☐ Infection
- ☐ Insect bite
- ☐ Not sure

19. If yes, How long has the rash been present?
- ☐ Since union
- ☐ Weeks
- ☐ Days

20. Does your child have nasal discharge?
- ☐ Yes – Acute
- ☐ Yes – Chronic
- ☐ No

21. Does your child have any birthmarks?
- ☐ Yes
- ☐ No
- ☐ Not sure

22. Does your child have a cough?
- ☐ Yes – Acute
- ☐ Yes – Chronic
- ☐ No (please skip to question 24)

23. If yes, What type of cough?
- ☐ Dry
- ☐ Mucous
- ☐ Wheezy
- ☐ Combination of above
- ☐ Not sure

24. Has your child had a fever within the last 2 weeks?
- ☐ Yes
- ☐ No

25. Does your child appear to have ear complaints?
- ☐ Yes – Pulling ears
- ☐ Yes – Cries and holds ears
- ☐ Yes – Ear drainage
- ☐ No

26. How well does your child hear?
- ☐ Startles with loud noises
- ☐ Looks for the source of a quiet sound occurring behind him/her
- ☐ Hears very quiet sounds originating from another room
- ☐ Not sure

27. Does your child have a lazy eye?
- ☐ Yes
- ☐ No
- ☐ Not sure

28. How well does your child see?
- ☐ Very well
- ☐ Well
- ☐ Not sure
- ☐ Worried

29. Is your child in pain?
- ☐ Yes
- ☐ No
- ☐ Not sure

30. Your child's muscle strength:
- ☐ Very strong
- ☐ Average strength
- ☐ Weak
- ☐ Not sure

31. Your child's muscle coordination:
- ☐ Very coordinated
- ☐ Average coordination
- ☐ A little clumsy
- ☐ Very uncoordinated
- ☐ Not sure

32. Is your child:
- ☐ Right hand dominated
- ☐ Left hand dominated
- ☐ Ambidextrous (uses both hands equally)

33. Comments:

_____

_____

_____

_____

_____