



**Santa Barbara Office**  
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**Goleta Office**  
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**Carpinteria Office**  
 5565 Carpinteria Ave., Ste. 4  
 Carpinteria, CA 93013  
 (805) 684-4119  
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## Pediatric Health Questionnaire

1. How were you referred to this office or physician?
2. Why is your child here today?
3. Please list any conditions or chronic illnesses your child has:  
 None
4. Please list all currently prescribed medications (including those taken for chronic conditions) as well as those taken regularly without a prescription (such as Tylenol, antacids, vitamins, allergy pills, etc.):  
 None
5. Please list allergies or reactions to food or medications:  
 None
6. Please list all surgeries including the approximate date or age when each was performed:  
 None
7. Were there any problems during the pregnancy, labor, delivery or newborn period? If so, please describe.  
 None
8. Do you feel your child has developed normally? If not, why?  
 None
9. Please list any diseases in your family that are prevalent or about which you are concerned: (examples would be cystic fibrosis, diabetes, inherited disorders, birth defects).  
 None
10. Is there any further information you feel the physician should know about your child's past health?  
 None

11. Are immunizations current?	Please list date below if known:
DPT: _____	_____
MMR: _____	_____
Hepatitis B: _____	_____
Oral Polio: _____	_____
HIB: _____	_____

Signature: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_