

Health Questionnaire

Child: _____ **Date of birth:** _____

Nationality: _____ Place of birth: _____

Street: _____ Postal code/city: _____

Phone no.: _____ Mobile no.: _____

lives with: parents father mother adoptive parents foster parents _____

Treating paediatrician/general practitioner

1. How many siblings does your child have?

Sisters: _____ Brothers: _____

2. Course of the birth:

In which week of pregnancy was your child born? _____ week of pregnancy.

Weight at birth: _____ g Body length: _____ cm Head circumference: _____ cm

Apgar Score: ___/___/___

3. When was your child able to...?

sit up unsupported _____ months

walk _____ months

speak first words _____ months

4. Which vaccinations has your child received to date and how often?

Vaccination for:	Date of vaccinations:					
Tetanus						
Diphtheria						
Pertussis						
Polio (OPV)						
Hepatitis B						
HiB						
Pneumococcus						
Meningococcus C						
Rotavirus						
Measles						
Mumps/rubella						
Varicella						
Influenza						
HPV (girls only)						

5. Which illnesses is your child known to have had?

- Febrile seizures
 Seizure disease (epilepsy)
 Neurodermatitis
 Asthma
 Heart defect
 Tuberculosis
 Diabetes
 Congenital deformities: _____
 Accidents or other serious illnesses: _____

6. Does your child take medication regularly? no yes (specify medications)

7. Has your child used or is your child using medical aids?

- Glasses
 Hearing aid
 Wheelchair
 Orthosis
 Other _____

8. Which therapeutic measures have been conducted or are planned?

Physical therapy since/from _____ Ergotherapy since/from _____

Speech therapy since/from _____ Other since/from _____

9. Hospital stays until now:

Hospital/clinic	Reason	from/to

10. Which operations has your child undergone or are planned for your child?

Adenoidectomy, when? _____ Tonsillectomy, when? _____

Tympanostomy tube, when? _____ Other, when? _____

This questionnaire was filled out

on _____ by _____

For the presentation of your child, we require the following documents (if available):

Precautionary exam book, vaccination card and reports (physician's letters, developmental reports, etc.)