



Health Questionnaire

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Please describe your problem and/or reason for visit: \_\_\_\_\_

2. Please list any allergies:

Food:

Medication:

Other:

3. Please list any current medication patient is taking:

4. Please list any family history (mother, father, siblings) that have history of the following:

Eczema, asthma, allergies:

Skin Cancer:

Scarring Acne:

5. Social History:

Please list what kind of pets are at home:

Name of school/daycare:

Any smokers in patient's home: Yes or No

Lives with who?

Hobbies:

6. Please list any past surgeries:

7. Please check off any past medical history that applies to the patient:

Acne  Eczema  Seizures  Cancer/Skin Cancer

ADHD  Developmental Problems  Asthma

8. Please list any other conditions the patient receives treatment for:

9. Birth History Premature: Yes or No Birth weight: \_\_\_\_\_ Duration of pregnancy:



Florida Center for  
Pediatric Dermatology

FLORIDA HOSPITAL MEDICAL GROUP

NAME \_\_\_\_\_ DOB \_\_\_\_\_

**Review of Systems: Does your child have any of the following:**

**General:**

Does your child currently have a fever? Y/N  
Any unexpected weight changes? Y/N

**Eye:**

Does your child have any eye redness? Y/N

**HEENT:**

Does your child have any oral lesions? Y/N  
Any hearing loss? Y/N

**Pulmonary:**

Any shortness of breath? Y/N  
Any wheezing? Y/N

**Cardiovascular:**

Any irregular heartbeat? Y/N  
History of heartblock? Y/N

**GI:**

Any diarrhea? Y/N  
Any constipation? Y/N

**GU:**

Any kidney problems? Y/N

**Musculoskeletal:**

Any joint pain? Y/N  
Any joint redness or swelling? Y/N  
Any muscle weakness? Y/N  
Any changes in range of motion? Y/N

**Endocrine:**

Any thyroid problems? Y/N  
Any hearing loss? Y/N

**Hematology:**

Any history of blood clots? Y/N  
Any easy bleeding? Y/N

**Neurological:**

History of seizures or seizure disorder? Y/N  
Any headaches? Y/N  
Developmental problems? Y/N

**Psychiatric**

Any depression? Y/N  
Any anxiety? Y/N

**Dermatologic:**

Excessive hair growth? Y/N