

INITIAL PEDIATRIC QUESTIONNAIRE

PERSONAL INFORMATION:

Child's First Name: _____ Last Name: _____ Middle Initial: _____

Parents Names _____

Home Address: _____ Phones: (Home) _____

_____ (Cell) _____

Email: _____ (Work) _____

Birth Date: ___/___/___ Sex: M F

Height: _____ Weight: _____ lbs

Child's Current Diagnosis (list all): _____

Primary Care Physician: Name _____ Address: _____

Phone: _____

Date of Last Physical: _____

HEALTH INSURANCE INFORMATION:

* Please note: I do not accept any health insurance. You are responsible for submitting your own claims. *

Primary Health Insurance: _____ ID/Group #: _____

GENERAL:

Referred by: _____

Primary Goal _____

SPECIALISTS (include MDs, naturopaths, homeopaths, therapists etc)

NAME	SPECIALTY	PHONE NUMBERS	CITY, STATE	LAST VISIT

BIRTH and EARLY HEALTH HISTORY:

Illnesses or complications during pregnancy _____

Number of Dental Amalgams (mom) _____

Medications taken during pregnancy or labor and delivery

C-Section? _____

Any complications after delivery? _____

Please check any of the following childhood illnesses your child experienced:

Frequent Ear, Throat or other Infections Colic Reflux Meningitis
 Asthma Chicken Pox Eczema Frequent Colds Other _____
 antibiotics or _____ steroid medications frequently?

Describe his/her stool pattern (frequency, color, odor, consistency) _____

DIETARY/NUTRITIONAL/DIGESTIVE HISTORY:

Breastfed _____ Bottledfed _____ How long? _____ Type of Formula used _____

Did your child have reflux, colic, spitting up etc in infancy? _____

Describe any chronic gastrointestinal problems during infancy or present: _____

Is your child currently following a special diet? Describe: _____

Known food allergies _____

Suspected food SENSITIVITIES _____

Food CRAVINGS (e.g. bread, pasta, cheese, salty foods, sodas/coffee/tea with or without caffeine, alcohol, milk, etc):

Please list the foods and beverages normally consumed by your child in a typical three day period.

DAY 1

Breakfast	
Morning Snack (s)	
Lunch	
Afternoon Snack (s)	
Dinner	
Other	

DAY 2

Breakfast	
Morning Snack (s)	
Lunch	
Afternoon Snack (s)	
Dinner	
Other	

DAY 3

Breakfast	
Morning Snack (s)	
Lunch	
Afternoon Snack (s)	
Dinner	
Other	

FAMILY HISTORY:

List any allergies, major illnesses, genetic diseases or problems (such as digestive issues or mental health problems) for each family member.

Mother _____

Father _____

Maternal Grandparents _____

Paternal Grandparents _____

Other _____

PAST MEDICAL HISTORY: Please list any major illnesses, injuries or surgeries

CONDITION	PAST TREATMENTS	CURRENT TREATMENTS	APPROXIMATE DATE (S) of TREATMENT

CURRENT MEDICATIONS, VITAMINS, MINERALS, and OTHER NUTRITIONAL SUPPLEMENTS:

Please list any other medications taken in the past? Specifically indicate any frequent use of antibiotics and/or steroids in the past.

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VACCINATION HISTORY

Please attach copy of child's vaccine records and list any adverse reactions.

Please mark which tests have been done and provide date and results.

EVALUATION—TEST	DATE	RESULTS (Normal, Abnormal) * Please send results/reports with this form *
Blood Chemistry (Including Liver Function Tests)		
Blood Count (CBC)		
IgG Food Sensitivity Panel		
IgE Environmental Allergy Panel		
Hair Elements		
Urine Toxic Metals and Elements		
Homocysteine		
Folic Acid		
Serum—Methylmalonic Acid		
Immune Profile		
Urine—Organic Acids		
Amino Acids		
Plasma or Serum Zinc		
Plasma or Serum Copper		
RBC Elements		
Iron Studies (Ferritin, % Iron Saturation, TIBC, etc)		
Thyroid Panel (TSH, etc)		
Serum Vitamin Levels (Specify)		
Stool Culture		
Stool Ova and Parasites		
Uric Acid (blood or urine)		
OTHER		

SIGNS and SYMPTOMS: Please check where appropriate.

DESCRIPTION	MILD	MODERATE	SEVERE	DETAILS
Fatigue				
Difficulty falling asleep				
Difficulty staying asleep				
Early waking				
Nighttime waking				
Daytime sleepiness				
Night walking				
Nightmares				
Fever				
Heat intolerance				
Cold intolerance				
Flushing				
Headache – Specify type				
Low self esteem				
Trouble remembering				
Seizures				
Anxiety				
Irritability				
Depression				
Fainting				
Difficulty with concentration				
Difficulty with balance				
Numbness/Tingling				
Mood swings				
Conjunctivitis				
Sensitive to lights or loud noises				
Sore throats				
Congestion				
Dark circles/ puffiness under eyes				
Sinus infections				
Post nasal drip				
Loss of smell				
Loss of taste				
Bad breath				
Nose bleeds				
Hoarseness				
Cough—Dry				
Cough—Productive				
Wheezing				
Seasonal Allergies				
Poor appetite				
Bad teeth				
Dry mouth				
Geographic tongue (map-like rash on the tongue)				
Cold sores				
Cracking at corner of lips				
Nausea				

Vomiting				
Abdominal pain				
Bloating				
Belching				
Diarrhea				
Constipation				
Undigested food in stool				
Mucous in stool				
Blood in stool				
Difficulty swallowing				
Eczema				
Hives				
Rash				
Athletes foot				
Acne				
Easy bruising				
Ears get red				
Sensitive to bug bites				
Pale skin				
Dry skin				
Itchy skin				
Cracking or peeling of feet				
Cracking or peeling of hands				
Nail biting				
Soft nails				
White spots on nails				
Thickening of nails				
Fungus on nails				
Ridges on nails				
Pitting of nails				
Bed-wetting				
Dry lips				
Teeth grinding				
Psoriasis				
Strong body odor				
OCD behavior				
Reflux				
Dry lips				
Night blindness				
OTHER				
OTHER				
OTHER				
OTHER				

B complex	<input type="checkbox"/> Anemia	Copper excess
<input type="checkbox"/> Insomnia		<input type="checkbox"/> anxiety
<input type="checkbox"/> Dermatitis, patchy skin		<input type="checkbox"/> ringing in ears
<input type="checkbox"/> Fatigue	Folic Acid	<input type="checkbox"/> sensitive to metals
<input type="checkbox"/> Sugar craving	<input type="checkbox"/> Fatigue	<input type="checkbox"/> poor concentration
<input type="checkbox"/> Irritability, depression	<input type="checkbox"/> diarrhea	
	<input type="checkbox"/> sulfa drugs	Iodine
Thiamin	<input type="checkbox"/> anemia	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Anxiety, Fear		<input type="checkbox"/> weight gain
<input type="checkbox"/> Sleep disturbance		<input type="checkbox"/> hypothyroidism
<input type="checkbox"/> Irritability	B12	<input type="checkbox"/> dry skin and hair
<input type="checkbox"/> Poor coordination	<input type="checkbox"/> Poor memory	<input type="checkbox"/> puffy face
<input type="checkbox"/> Increased Alcohol/sushi	<input type="checkbox"/> vegetarian diet	<input type="checkbox"/> poor memory
<input type="checkbox"/> swelling	<input type="checkbox"/> Viral infection, shingles	
	<input type="checkbox"/> depression	Iron
B2 (riboflavin)	<input type="checkbox"/> poor balance	<input type="checkbox"/> Anemia
<input type="checkbox"/> Neuropathy		<input type="checkbox"/> Brittle nails
<input type="checkbox"/> dermatitis	Biotin	<input type="checkbox"/> Confusion, poor memory
<input type="checkbox"/> lack of taste, stomatitis	<input type="checkbox"/> muscle pain	<input type="checkbox"/> Headaches
<input type="checkbox"/> Cracked lips	<input type="checkbox"/> depression	<input type="checkbox"/> Mouth/tongue sores
<input type="checkbox"/> watery or bloodshot eyes	<input type="checkbox"/> hair loss	<input type="checkbox"/> Fatigue
	<input type="checkbox"/> dermatitis	
B3(Niacin)	Calcium	Magnesium
<input type="checkbox"/> abdominal discomfort	<input type="checkbox"/> brittle nails	<input type="checkbox"/> constipation
<input type="checkbox"/> Nausea or diarrhea	<input type="checkbox"/> cramps	<input type="checkbox"/> muscle spasms
<input type="checkbox"/> Depression,	<input type="checkbox"/> depression	<input type="checkbox"/> insomnia
<input type="checkbox"/> poor memory, confusion	<input type="checkbox"/> tooth decay	<input type="checkbox"/> anxiety
<input type="checkbox"/> rough skin	<input type="checkbox"/> insomnia	<input type="checkbox"/> hyperactivity
<input type="checkbox"/> canker sores	<input type="checkbox"/> high soda intake	<input type="checkbox"/> restless leg
<input type="checkbox"/> bad breath		<input type="checkbox"/> teeth grinding
		<input type="checkbox"/> headache/migraine
B5 (pantothenic acid)	Choline/Inositol	Manganese
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Depression	<input type="checkbox"/> dizziness
<input type="checkbox"/> burning or numb feet	<input type="checkbox"/> Memory loss	<input type="checkbox"/> ringing in ears
<input type="checkbox"/> cramps, abdominal distress	<input type="checkbox"/> fat intolerance	<input type="checkbox"/> poor glucose control
<input type="checkbox"/> acne		<input type="checkbox"/> Seizures
<input type="checkbox"/> poor coordination	Chromium	<input type="checkbox"/> Mottled skin tone
<input type="checkbox"/> hair loss	<input type="checkbox"/> anxiety	
	<input type="checkbox"/> fatigue	Molybdenum
B6	<input type="checkbox"/> poor glucose control	<input type="checkbox"/> Acne
<input type="checkbox"/> acne		<input type="checkbox"/> PMS
<input type="checkbox"/> dermatitis,	Copper	<input type="checkbox"/> Migraines
<input type="checkbox"/> muscle weakness	<input type="checkbox"/> anemia	<input type="checkbox"/> Caffeine intolerance
<input type="checkbox"/> irritability, depression	<input type="checkbox"/> depression	<input type="checkbox"/> sulfite/nitrite intolerance
<input type="checkbox"/> poor immunity	<input type="checkbox"/> diarrhea	
<input type="checkbox"/> tooth decay	<input type="checkbox"/> fatigue	Potassium
<input type="checkbox"/> fatigue	<input type="checkbox"/> hair loss	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Oxalates	<input type="checkbox"/> bruising	

edema
 difficulty breathing
 muscle cramps

Selenium
 Fatigue
 pancreatic insufficiency
 immune impairment

Sodium
 Cramps
 constipation
 PMS, morning sickness

Zinc
 Acne
 brittle nails
 depression
 delayed puberty
 poor growth
 hair loss
 impotence/infertility
 poor appetite arms
 low stomach acid
 Poor immunity
White spots on nails

Vitamin A
 Night blindness
 acne
 CF
 dry skin/hair
 infertility
 URI
 poor growth

Vitamin C
 bleeding gums
 easy bruising
 poor wound healing
 loose teeth
 Wrinkled skin
 joint pain

Vitamin D
 burning mouth
 diarrhea
 insomnia

seasonal depression
 psoriasis
 scalp sweating
 poor coordination

Vitamin E
 altered gait
 poor reflex
 CF, Infertility
 dry, itchy skin
 breast cysts

Vitamin K
 bleeding ulcers
 nose bleeds, bruising
 liver or kidney disease

Essential Fatty Acids
 Dry, flaky skin
 cracking peeling
hands/feet
 clear bumps on upper
 dandruff/cradle cap
 splitting, dull nails
 ear wax
 acne
 excess thirst
 poor attention

Pyroluria
 Poor dream recall
 white spots on nails
 skips breakfast
 sensitive to lights/noise
 histrionic/argumentative
 likes spicy foods

Poor liver function
 sensitive to perfumes,
chemicals, cigarettes
 headaches/migraines
 poor appetite

Gluten intolerance
 low iron
 loose, unformed stools
 abdominal bloating

floating stools
 itchy skin, psoriasis

Candida
 Thrush
 antibiotic use
 chronic congestion
 poor concentration
 bloating, gassiness
 sugar cravings
 eczema, psoriasis
 attention problems
 anal itching

Parasites
 abdominal bloating or
discomfort
 food sensitivities
 tooth grinding
 psoriasis, eczema, hives
 fatigue
 anal itching
 loose/foul stools

