

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

CURRENTMEDICATIONS, 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
 ___ Insomnia
 ___ Dermatitis, patchy skin
 ___ Fatigue
 ___ Sugar craving
 ___ Irritability, depression

Thiamin
 ___ Anxiety, Fear
 ___ Sleep disturbance
 ___ Irritability
 ___ Poor coordination
 ___ Increased Alcohol/sushi
 ___ swelling

B2 (riboflavin)
 ___ Neuropathy
 ___ dermatitis
 ___ lack of taste, stomatitis
 ___ Cracked lips
 ___ watery or bloodshot eyes

B3(Niacin)
 ___ abdominal discomfort
 ___ Nausea or diarrhea
 ___ Depression,
 ___ poor memory, confusion
 ___ rough skin
 ___ canker sores
 ___ bad breath

B5 (pantothenic acid)
 ___ Fatigue
 ___ burning or numb feet
 ___ cramps, abdominal distress
 ___ acne
 ___ poor coordination
 ___ hair loss

B6
 ___ acne
 ___ dermatitis,
 ___ muscle weakness
 ___ irritability, depression
 ___ poor immunity
 ___ tooth decay
 ___ fatigue
 ___ Oxalates

___ Anemia

 Folic Acid
 ___ Fatigue
 ___ diarrhea
 ___ sulfa drugs
 ___ anemia

B12
 ___ Poor memory
 ___ vegetarian diet
 ___ Viral infection, shingles
 ___ depression
 ___ poor balance

Biotin
 ___ muscle pain
 ___ depression
 ___ hair loss
 ___ dermatitis

Calcium
 ___ brittle nails
 ___ cramps
 ___ depression
 ___ tooth decay
 ___ insomnia
 ___ high soda intake

Choline/Inositol
 ___ Depression
 ___ Memory loss
 ___ fat intolerance

Chromium
 ___ anxiety
 ___ fatigue
 ___ poor glucose control

Copper
 ___ anemia
 ___ depression
 ___ diarrhea
 ___ fatigue
 ___ hair loss
 ___ bruising

Copper excess
 ___ anxiety
 ___ ringing in ears
 ___ sensitive to metals
 ___ poor concentration

Iodine
 ___ Fatigue
 ___ weight gain
 ___ hypothyroidism
 ___ dry skin and hair
 ___ puffy face
 ___ poor memory

Iron
 ___ Anemia
 ___ Brittle nails
 ___ Confusion, poor memory
 ___ Headaches
 ___ Mouth/tongue sores
 ___ Fatigue

Magnesium
 ___ constipation
 ___ muscle spasms
 ___ insomnia
 ___ anxiety
 ___ hyperactivity
 ___ restless leg
 ___ teeth grinding
 ___ headache/migraine

Manganese
 ___ dizziness
 ___ ringing in ears
 ___ poor glucose control
 ___ Seizures
 ___ Mottled skin tone

Molybdenum
 ___ Acne
 ___ PMS
 ___ Migraines
 ___ Caffeine intolerance
 ___ sulfite/nitrite intolerance

Potassium
 ___ Diarrhea

- 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
- 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 arms
- 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

