

Pavilion Pediatrics at Green Spring Station, P.A.
10755 Falls Road, Suite 260
Lutherville, Maryland 21093
Phone (410)583-2955 Fax (410)583-2962

Patient Questionnaire

Patient Name: _____ Sex: ____ Date of Birth: ____/____/____ Race: _____
Last First Mi

Address: _____ Apt#: _____

City State Zip Code

Current Pediatrician: _____

Primary Email Address: _____

Referred to us by: _____

Parent Name: _____ Sex: ____ Date of Birth: ____/____/____
Last First Mi

Address (if different): _____ Apt#: _____

City State Zip Code

Home Phone (____) _____ - _____ * Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

**Would you like to receive appointment confirmations by text message:* ____ Yes ____ No

Parent Name: _____ Sex: ____ Date of Birth: ____/____/____
Last First Mi

Address (if different): _____ Apt#: _____

City State Zip Code

Home Phone (____) _____ - _____ * Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

**Would you like to receive appointment confirmations by text message:* ____ Yes ____ No

Insurance Policy Holder Name: _____ Date of Birth: ____/____/____

Insurance Company: _____

Policy/Id Number: _____ Group Number: _____

Claims Address: _____ Phone Number: _____

Family Diseases or Medical Problems

Are all Grandparents alive? _____ If No, list relationship, cause and age at time of death: _____

Are all living Grandparents in good Health? _____ If No, who and what problems? _____

Any family history of:

_____ Heart Attack or Stroke (<55yrs.) _____ Depression _____ Alcoholism _____ Seizures
_____ High Cholesterol _____ Asthma _____ Anemia _____ Cancer (Type)
_____ Developmental Delays _____ Other

Patient's Past Medical History

General Health: _____

Allergies: _____

Indicate date where applicable below:

Chickenpox: _____ Measles: _____ Rubella: _____

Whooping Cough: _____ Pneumonia: _____ Asthma: _____

Tonsillitis: _____ Ear Infections: _____ Skin Disease: _____

Constipation: _____ Diarrhea: _____ Other Infections: _____

Medical Conditions: _____

Injuries, Fractures and Accidents: _____

Hospitalizations: _____

Surgical Procedures (include date and hospital): _____

Foreign Travel (Dates and Countries): _____

Unusual Infections: _____

Is your child taking any medications or supplements? If so please list: _____

Birth History

Full Term? ____ Premature (Weeks of Gestation)? ____ Conception Problems: _____

Mother's health during pregnancy: _____

Labor and delivery problems: _____

C-Section: _____ Why: _____

Vaginal Delivery: _____ Forceps or Vacuum Extraction: _____

Birth weight: _____ Length: _____ Apgars-1 minute: _____ 5 minutes: _____

Problems or abnormalities: _____

Baby discharged with mother? ____ If "no", explain: _____

Breastfed: _____ Bottle Fed: _____

Habits

Sleep _____ Naps _____ Play _____

Eating _____ Other Concerns _____

Developmental History (include ages)

Held Head Up: _____ Sat Aided: _____ Sat Alone: _____ Stood Aided: _____

Stood Alone: _____ Crawled: _____ Walked: _____ Said words: _____

Spoke Sentences: _____ Potty Trained - For Urine: _____ For Stool: _____

First Teeth: _____ Problems: _____

Problems with Speech: _____

Other Habits: _____

School Related Difficulties

None: _____ Yes: _____ If "yes", please outline (Note: We would like pertinent school records)

Have there been any special medical tests, psychological testing, or educational testing done? If "yes" please describe what, when, where and by whom and why: _____

Immunization History and Medical Records

Please obtain immunization history along with complete medical records from your previous healthcare provider.

Other Notes or Information

Pavilion Pediatrics at Green Spring Station, P.A.

CHILDHOOD IMMUNIZATIONS - *Keeping your Child Safe from Preventable Diseases*

The Physicians and Staff of Pavilion Pediatrics at Green Spring Station clearly recognize the importance of childhood immunizations. These immunizations have been proven to be effective in preventing serious childhood diseases. The vaccination schedule, as outlined by the Center for Disease Control (CDC) and the American Academy of Pediatrics (AAP), is designed to protect your child before they are likely to be exposed to a potentially serious disease. Due to the importance of these vaccines, we will not alter your child's vaccine schedule. Maintaining the appropriate vaccination schedule helps us protect your child from preventable diseases, and other children from potential exposure to these diseases.

Pavilion Pediatrics at Green Spring Station, P.A. will only accept patients after the parent(s) agree to adhere to the CDC and AAP vaccination schedule.

Child's Name: _____ **Date of Birth** _____

Parent Name: _____ **Relationship** _____

I acknowledge and agree to the vaccination schedule provided by Pavilion Pediatrics at Green Spring Station, P.A., and will have my child vaccinated as prescribed.

Signature

Date

Parent Name: _____ **Relationship** _____

I acknowledge and agree to the vaccination schedule provided by Pavilion Pediatrics at Green Spring Station, P.A., and will have my child vaccinated as prescribed.

Signature

Date