

Pediatrics at Murphy Road

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Patient Health Questionnaire

BIRTH HISTORY

Today's Date: _____

Patient's Name: _____ DOB: _____ Sex: M - F (Circle One)

Patient's birth weight: _____ Duration of pregnancy: _____ Mom's age at delivery: _____

If patient is a newborn, who was the delivering OB/GYN? _____

Any problems with pregnancy? Y - N (Circle One) If yes, specify: _____

Type of delivery: Vaginal or C-Section (Circle One)

At what hospital was your baby born? _____ How long was your baby in the hospital? _____

Any problems with labor/delivery? Y - N (Circle One) If yes, specify: _____

Any medications, smoking, or drugs during pregnancy? Y - N (Circle One)

If yes, specify: _____

MEDICAL INFORMATION OF CHILD

Has the patient ever had had chickenpox? Y - N (Circle One)

What medical problems, surgeries or hospitalizations has the patient had?

Does the patient take any medication regularly? Y - N (Circle One)

If yes, please list the name, strength and dosage: _____

Does your child have any food or drug allergies? Y - N (Circle One)

If yes, please list food or drug and type of reaction: _____

DEVELOPMENTAL HISTORY

Do you think your child is up to date with peers? Y - N (Circle One)

Current school grade: _____

Special classes? Y - N (Circle One)

How is your child's performance in school? _____

FAMILY HISTORY INCLUDING PARENTS AND SIBLINGS

PLEASE CIRCLE ALL THAT APPLY BELOW AND INDICATE WHO HAS THE DISEASE.

High Cholesterol	Heart Disease	High Blood Pressure	Inflammatory Bowel Disease
Diabetes	Kidney Disease	Urinary Tract Infections	Irritable Bowel Disease
Allergies	Seizure	ADD/ADHD	Mental Illness
Asthma	Migraines	Hearing Loss	Lazy Eye / Vision Problems
Eczema	Arthritis	Thyroid Problems	Cancer: _____
Anemia	Other: _____		

SOCIAL HISTORY

Number of people in household: _____

Does anyone smoke? Y - N (Circle One)

Names & ages of brothers & sisters: _____

Parent /Guardian 1 Name: _____ Occupation: _____

Parent /Guardian 2 Name: _____ Occupation: _____

Name of person completing this survey: _____ Signature: _____

Doctor's Signature: _____ Date: _____

Thank you for choosing Pediatrics at Murphy Road!