



110 Marter Avenue, Suite 408, Moorestown, NJ 08057  
• 856.638.1990 • Fax 856.638.1992 •  
www.bruneaufamilycare.com

## New Patient Child Medical Questionnaire 5-10 y/o

Name: \_\_\_\_\_  
Accompanied by today: \_\_\_\_\_  
Who do you live with \_\_\_\_\_

**What is the reason for your visit today?** \_\_\_\_\_  
\_\_\_\_\_

Please check if you would like to discuss or have any concerns regarding:  
(Please elaborate on your concerns below)

\_\_\_ Developmental      \_\_\_ Feeding      \_\_\_ Growth      \_\_\_ Potty Training  
\_\_\_ Sleep      \_\_\_ Discipline      \_\_\_ Family Issues

Other \_\_\_\_\_

**Current & Past Medical Problems**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications (name & dose)**

Please include vitamins, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies** to medications, food or X-ray dye \_\_\_\_\_

Pharmacy Name and Phone Number \_\_\_\_\_

**Past Surgical History, Operations, and Hospitalizations (include dates)**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any warts that need removal?** \_\_\_\_\_

Current Grade and School \_\_\_\_\_

Current Grades(Average) \_\_\_\_\_

Any recent changes in grades? \_\_\_\_\_

Are there any concerns about school/ learning difficulties? \_\_\_\_\_

Sports/Activites/Clubs \_\_\_\_\_

What do you and your **friends and family** do for fun? (with whom, where, and when?)

**With Friends** \_\_\_\_\_

**With Family** \_\_\_\_\_

Do you always wear a carseat/ seatbelt in the car? \_\_\_\_\_



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Are there firearms in your home? \_\_\_\_\_

Do you use safety equipment for sports and or other physical activities (for example, helmets for biking or skateboarding)? \_\_\_\_\_

Have you ever been picked on or bullied? Is that still a problem?

\_\_\_\_\_

Do you feel the need to protect yourself? From whom? Do you still feel that way?

\_\_\_\_\_

Does Anyone Smoke in your home? \_\_\_\_\_

**Family History**

	Living or Deceased	Age (Current or at time of death)	List All Medical Problems
Father			
Mother			
Siblings			

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Dtap					
Hib					XXXXXX
IPV					XXXXXX
Prevnar					XXXXXX
Hepatitis B				XXXXXX	XXXXXX
MMR			XXXXXX	XXXXXX	XXXXXX
Varivax(Chicken Pox)			XXXXXX	XXXXXX	XXXXXX
Tdap/Td		XXXXXX	XXXXXX	XXXXXX	XXXXXX
Flu					
Meningitis					
Other					