



International Adoption Clinic

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CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

History and Physical Questionnaire

1. Your child's overall health:
 - Very Healthy
 - Healthy
 - Somewhat Sick
 - Unhealthy
 - Not sure
2. Your child's activity level:
 - Very High
 - High
 - Medium
 - Low
3. Does your child take formula?
 - Yes Brand: _____
 - No
4. Your child's appetite:
 - Huge
 - Good
 - Fair
 - Small
5. Your child's food choices:
 - Eats anything
 - Eats a wide variety of foods but rejects some
 - Eats a very limited number of foods
6. Does your child take vitamins?
 - Yes
 - No
7. Does your family use iodized table salt?
 - Yes
 - No
 - Not sure
8. Does your family use fluoridated water?
 - Yes
 - No
 - Not sure
9. Does your child have digestive problems?
 - Yes – Spitting up
 - Yes – Vomiting
 - Yes – Pain after eating
 - No
10. What do you think is the cause of the digestive problem?

11. How many bowel movements does your child have per day? _____
12. Bowel movement consistency:
 - Like water
 - Like peanut butter
 - Like clay
 - Not sure
13. Does the child have any streaks of blood or mucous in the stool?
 - Yes
 - No
 - Not sure
14. Has anyone in the family, other than your child, developed gastrointestinal symptoms recently?
 - Yes
 - No
15. Does your child have any scars?
 - Yes
 - No
16. Does your child have any areas of hair loss on the scalp?
 - Yes
 - No
17. Does your child have any type of rash?
 - Yes – Individual bumps
 - Yes – Generalized redness
 - Yes – Itchiness
 - No (please skip to question #20)

18. If yes, What is the cause of rash?

- Allergy
- Infection
- Insect bite
- Not sure

19. If yes, How long has the rash been present?

- Since union
- Weeks
- Days

20. Does your child have nasal discharge?

- Yes – Acute
- Yes – Chronic
- No

21. Does your child have any birthmarks?

- Yes
- No
- Not sure

22. Does your child have a cough?

- Yes – Acute
- Yes – Chronic
- No (please skip to question 24)

23. If yes, What type of cough?

- Dry
- Mucous
- Wheezy
- Combination of above
- Not sure

24. Has your child had a fever within the last 2 weeks?

- Yes
- No

25. Does your child appear to have ear complaints?

- Yes – Pulling ears
- Yes – Cries and holds ears
- Yes – Ear drainage
- No

26. How well does your child hear?

- Startles with loud noises
- Looks for the source of a quiet sound occurring behind him/her
- Hears very quiet sounds originating from another room
- Not sure

27. Does your child have a lazy eye?

- Yes
- No
- Not sure

28. How well does your child see?

- Very well
- Well
- Not sure
- Worried

29. Is your child in pain?

- Yes
- No
- Not sure

30. Your child's muscle strength:

- Very strong
- Average strength
- Weak
- Not sure

31. Your child's muscle coordination:

- Very coordinated
- Average coordination
- A little clumsy
- Very uncoordinated
- Not sure

32. Is your child:

- Right hand dominated
- Left hand dominated
- Ambidextrous (uses both hands equally)

33. Comments:
