

**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: Coverage for nutrition services is not guaranteed even I am a provider under your insurance plan.\*

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\_\_\_\_\_ Bottlefed\_\_\_\_\_ 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	

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**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:**

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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				

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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	<input type="checkbox"/> Oxalates	<input type="checkbox"/> hair loss
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Anemia	<input type="checkbox"/> bruising
<input type="checkbox"/> Dermatitis, patchy skin		Copper excess
<input type="checkbox"/> Fatigue		<input type="checkbox"/> anxiety
<input type="checkbox"/> Sugar craving	Folic Acid	<input type="checkbox"/> ringing in ears
<input type="checkbox"/> Irritability, depression	<input type="checkbox"/> Fatigue	<input type="checkbox"/> sensitive to metals
	<input type="checkbox"/> diarrhea	<input type="checkbox"/> poor concentration
Thiamin	<input type="checkbox"/> sulfa drugs	
<input type="checkbox"/> Anxiety, Fear	<input type="checkbox"/> anemia	Iodine
<input type="checkbox"/> Sleep disturbance		<input type="checkbox"/> Fatigue
<input type="checkbox"/> Irritability		<input type="checkbox"/> weight gain
<input type="checkbox"/> Poor coordination	B12	<input type="checkbox"/> hypothyroidism
<input type="checkbox"/> Increased Alcohol/sushi	<input type="checkbox"/> Poor memory	<input type="checkbox"/> dry skin and hair
<input type="checkbox"/> swelling	<input type="checkbox"/> vegetarian diet	<input type="checkbox"/> puffy face
	<input type="checkbox"/> Viral infection, shingles	<input type="checkbox"/> poor memory
B2 (riboflavin)	<input type="checkbox"/> depression	
<input type="checkbox"/> Neuropathy	<input type="checkbox"/> poor balance	Iron
<input type="checkbox"/> dermatitis		<input type="checkbox"/> Anemia
<input type="checkbox"/> lack of taste, stomatitis	Biotin	<input type="checkbox"/> Brittle nails
<input type="checkbox"/> Cracked lips	<input type="checkbox"/> muscle pain	<input type="checkbox"/> Confusion, poor memory
<input type="checkbox"/> watery or bloodshot eyes	<input type="checkbox"/> depression	<input type="checkbox"/> Headaches
	<input type="checkbox"/> hair loss	<input type="checkbox"/> Mouth/tongue sores
B3(Niacin)	<input type="checkbox"/> dermatitis	<input type="checkbox"/> Fatigue
<input type="checkbox"/> abdominal discomfort		
<input type="checkbox"/> Nausea or diarrhea	Calcium	Magnesium
<input type="checkbox"/> Depression,	<input type="checkbox"/> brittle nails	<input type="checkbox"/> constipation
<input type="checkbox"/> poor memory, confusion	<input type="checkbox"/> cramps	<input type="checkbox"/> muscle spasms
<input type="checkbox"/> rough skin	<input type="checkbox"/> depression	<input type="checkbox"/> insomnia
<input type="checkbox"/> canker sores	<input type="checkbox"/> tooth decay	<input type="checkbox"/> anxiety
<input type="checkbox"/> bad breath	<input type="checkbox"/> insomnia	<input type="checkbox"/> hyperactivity
	<input type="checkbox"/> high soda intake	<input type="checkbox"/> restless leg
B5 (pantothenic acid)		<input type="checkbox"/> teeth grinding
<input type="checkbox"/> Fatigue	Choline/Inositol	<input type="checkbox"/> headache/migraine
<input type="checkbox"/> burning or numb feet	<input type="checkbox"/> Depression	
<input type="checkbox"/> cramps, abdominal distress	<input type="checkbox"/> Memory loss	Manganese
<input type="checkbox"/> acne	<input type="checkbox"/> fat intolerance	<input type="checkbox"/> dizziness
<input type="checkbox"/> poor coordination		<input type="checkbox"/> ringing in ears
<input type="checkbox"/> hair loss	Chromium	<input type="checkbox"/> poor glucose control
	<input type="checkbox"/> anxiety	<input type="checkbox"/> Seizures
B6	<input type="checkbox"/> fatigue	<input type="checkbox"/> Mottled skin tone
<input type="checkbox"/> acne	<input type="checkbox"/> poor glucose control	
<input type="checkbox"/> dermatitis,		Molybdenum
<input type="checkbox"/> muscle weakness	Copper	<input type="checkbox"/> Acne
<input type="checkbox"/> irritability, depression	<input type="checkbox"/> anemia	<input type="checkbox"/> PMS
<input type="checkbox"/> poor immunity	<input type="checkbox"/> depression	<input type="checkbox"/> Migraines
<input type="checkbox"/> tooth decay	<input type="checkbox"/> diarrhea	<input type="checkbox"/> Caffeine intolerance
<input type="checkbox"/> fatigue	<input type="checkbox"/> fatigue	<input type="checkbox"/> sulfite/nitrite intolerance

Potassium	Vitamin D	Gluten intolerance
__Diarrhea	__burning mouth	__low iron
__edema	__diarrhea	__loose, unformed stools
__difficulty breathing	__insomnia	__abdominal bloating
__muscle cramps	__seasonal depression	__floating stools
	__psoriasis	__itchy skin, psoriasis
	__scalp sweating	
Selenium	__poor coordination	Candida
__Fatigue		__Thrush
__pancreatic insufficiency	Vitamin E	__antibiotic use
__immune impairment	__altered gait	__chronic congestion
	__poor reflex	__poor concentration
Sodium	__CF, Infertility	__bloating, gassiness
__Cramps	__dry, itchy skin	__sugar cravings
__constipation	__breast cysts	__eczema, psoriasis
__PMS, morning sickness		__attention problems
	Vitamin K	__anal itching
Zinc	__bleeding ulcers	Parasites
__Acne	__nose bleeds, bruising	__abdominal bloating or
__brittle nails	__liver or kidney disease	discomfort
__depression		__food sensitivities
__delayed puberty	Essential Fatty Acids	__tooth grinding
__poor growth	__Dry, flaky skin	__psoriasis, eczema, hives
__hair loss	__cracking peeling	__fatigue
__impotence/infertility	hands/feet	__anal itching
__poor appetite	__clear bumps on upper	__loose/foul stools
__low stomach acid	arms	
__Poor immunity	__dandruff/cradle cap	
White spots on nails	__splitting, dull nails	
	__ear wax	
Vitamin A	__acne	
__Night blindness	__excess thirst	
__acne	__poor attention	
__CF		
__dry skin/hair	Pyroluria	
__infertility	__Poor dream recall	
__URI	__white spots on nails	
__poor growth	__skips breakfast	
	__sensitive to lights/noise	
Vitamin C	__histrionic/argumentative	
__bleeding gums	__likes spicy foods	
__easy bruising		
__poor wound healing	Poor liver function	
__loose teeth	__sensitive to perfumes,	
__Wrinkled skin	chemicals, cigarettes	
__joint pain	__headaches/migraines	
	__poor appetite	

