Patient's full name: _____ **Date:** _____

MEDICAL & SOCIAL HISTORY

Does anyone in your family, alive or deceased, suffer from the following illnesses? If so, please state the relationship to the child, i.e. mother, sister, etc. and specific illness, i.e. hole in heart, etc.

alcoholism/drug dependency_____
anemia_____
arthritis _____
bleeding disorders_____
bone disease _____
brain tumor_____
cancer_____
congenital deformities_____
deafness _____
devel. delay/intellectual disability _____
diabetes _____
hypertension_____
heart disease_____
kidney disease _____
learning disorders _____
lung disease_____
muscle disease _____
seizures _____
skin disease _____
sudden infant death syndrome_____
visual problems/blindness _____
autoimmune diseases _____
psychological/psychiatric disorders _____
any guns in the house _____
parent's occupation(s) _____

PEDIATRIC TUBERCULOSIS SCREENING QUESTIONNAIRE

Has your child had any contact with persons or cases of TB? Y/N
Was your child born in and or spent more than 30 days in a country other than USA? Y/N
Does your child have regular contact with adults at high risk for TB (HIV infected, homeless, incarcerated, and/or illicit drug users)? Y/N
Does your child have HIV infection? Y/N

Has your child had recurrent complaints in any of the following areas?
Please circle all that apply.

abdominal pain
allergies/asthma/lung disease
anxiety /depression
attention/learning disorders
blood in urine/stool
bone/joint/muscle pain
chest pain/breathing difficulty
difficulty with urination/bowel movements
headaches
hearing difficulties
major stress
menstrual pain/complaints
nasal obstruction/mouth breathing
rapid heart beat
skin problems
sleep disorders
vaginal/urethral discharge
visual problems

Has your child ever been hospitalized? Y/N Why_____
Has your child had surgery? Y/N Why _____
Is your child allergic to any medications?
Does your child have any other allergies?
How many children are there within your home?
Do you use city drinking water? Y/N If not, does your water source contain fluoride? Y/N
Does anyone smoke in the home or at the child's care giver's home? Y/N
Does anyone have problems with alcohol or drug abuse? Y/N

Reviewed by: _____