



2963 Marne Highway, Mount Laurel, NJ 08054
• 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 Location _____

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					