

## First Visit at the Pediatrics Department <Outpatients Questionnaire>

Name: ..... Age: ..... years ..... months Date of Birth: MM ..... DD ..... , YYYY

Please fill out the following information about the patient.

### 1. Around the time of birth

- Were there any abnormalities during the pregnancy? No / Yes ( )
- Gestational age at birth: \_\_\_\_\_ weeks \_\_\_\_\_ days (Due date (M\_\_\_\_D\_\_\_\_) / Birth hospital: \_\_\_\_\_)
- Delivery: Normal / Suction / Forceps / Caesarean Section / Other ( ) Length of admission: \_\_\_\_\_ days
- Birth weight \_\_\_\_\_ g / Condition at Birth: Good / Poor
- Treatment provided at the time of birth: No / Yes: Incubator / Phototherapy / Others ( )
- Have you ever been told at an infant checkup that your child may have a development/other disorder? No / Yes ( )

### 2. Please fill out the following information about diseases and vaccinations your child had so far.

- If your child had any of the following diseases, please mark the applicable box with a circle (○) and note the age.

Asthma	Convulsions	Measles	Rubella	Chickenpox	Mumps	Whooping cough	Other ( )
y/m	y/m	y/m	y/m	y/m	y/m	y/m	y/m

- Please mark vaccinations received with a circle (○), and write down the number of times it was administered.  
 Rotavirus (up to the \_\_\_\_\_ time) / Hib (up to the \_\_\_\_\_ time) / Pneumococcus (up to the \_\_\_\_\_ time) /  
 Hepatitis B (up to the \_\_\_\_\_ time)  
 DPT-IPV (DPT-inactivated polio vaccine) (up to the \_\_\_\_\_ time) / BCG  
 MR (Measles/Rubella) (up to the \_\_\_\_\_ time) / Chickenpox (up to the \_\_\_\_\_ time) / Mumps (up to the \_\_\_\_\_ time)  
 Japanese encephalitis (up to the \_\_\_\_\_ time) / Others ( )
- Did your baby ever develop symptoms after a vaccination? ( )

### 3. Family structure

Name	Relationship	Living together/apart	Date of birth	Employee	Occupation	Disease history/Allergies	Nationality
		Together/Apart/Died					
		Together/Apart/Died					
		Together/Apart/Died					
		Together/Apart/Died					
		Together/Apart/Died					
		Together/Apart/Died					

### 4. At this hospital, blood transfusion is performed if considered medically necessary. Do you provide consent for blood transfusion if necessary? (Yes / No)