



**MOUNTAINLAND
PEDIATRICS**

Meet the Doctor Questionnaire

Date _____

Parent's Name _____

Address _____

Phone (Home) _____ Phone (Work) _____

Insurance Company _____

Group # _____ ID # _____

Child's name _____

Child's Age _____

Any health problems with child? _____

Mother's age _____ Smoker? YES NO

Problems during pregnancy? _____

Any other health problems? _____

Allergies? _____

Occupation _____

Father's age _____ Smoker? YES NO

Health problems? _____

Allergies? _____

Occupation _____

Any siblings? YES NO How many? _____

Age and health _____

Any hereditary or serious illness in the family? _____

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