



4 Month Health Maintenance Questionnaire

Patient Name _____

Who accompanied child today?
(name and relationship to child)

Who does child live with?

Any Chronic health problems?

Concerns about the above health problems?

New or recent health concerns?

Feedings:

Breastfeeding:

How many times per day do you breastfeed?

Bottle Feeding:

How many ounces per day?

Brand of Formula used?

Any juices or solids started?

If yes, what type?

Any concerns with stooling or urination?

Over Please

If you do not understand any of these questions, please ask your nurse.

