The newly revised American Academy of Pediatrics (AAP) Initial History Questionnaire is designed to provide health care professionals with a medical background for the patient and the patient’s family to help inform medical decisions going forward. Intended to be completed by a caregiver of the pediatric patient, this form addresses a number of important areas. In addition, the information gathered on the form can support the documentation of additional activities within the initial visit to support appropriate coding and secure appropriate payment for the practitioner’s activities.

With an increase in pay-for-performance programs, quality improvement initiatives, audits, and legal review, documentation is more critical than ever. The AAP Initial History Questionnaire will support the documentation process. By providing an organized and consistent layout, clinicians can use the form for more effective documentation, which can improve performance, limit liability, and support efforts to obtain appropriate payment for services. While the electronic medical record will be the future for most medical practices, this Initial History Questionnaire provides a clear, concise way for practitioners to establish a more complete history on each patient and family.

**Key Features**

**Comprehensive**

The Initial History Questionnaire provides families the opportunity to inform their health care practitioner of a more complete family history for their children. The form is robust, addressing a number of different areas, including household description, birth and newborn history, general health issues, developmental issues and concerns, biological family history, and past medical history for the child. The Initial History Questionnaire uses check boxes where feasible, but space is provided for written information where appropriate.

**Reduced Duplication**

To decrease the duplication of needed information, the Initial History Questionnaire is referenced extensively within other components of the AAP collection of documentation products. These include references within each well-child Visit Documentation Form and the Problem Visit form.

**Universality**

No documentation form will completely satisfy all practitioners. However, the Initial History Questionnaire addresses the information that pediatricians most frequently review in a patient’s history. While efforts have been made to address common documentation requirements for Early and Periodic Screening, Diagnosis, and Treatment, states vary in their required elements. Additional elements may be needed to meet your state’s requirements.

**Peer Reviewed**

The forms have been reviewed by multiple committees of the AAP, including the Committee on Adolescence, Committee on Coding and Nomenclature, Committee on Medical Liability and Risk Management, Committee on Practice and Ambulatory Medicine, and Council on Clinical Information Technology.
# Visit Documentation Form User Guide

for Initial History Questionnaire

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**Biological Family History**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal allergies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asthma</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heart disease (before 55 years old)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>High cholesterol/takes cholesterol medication</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Anemia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bleeding disorder</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dental decay</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cancer (before 55 years old)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Birth History**

- Birth weight:
- Was the baby born at term?
- Weeks:
- Were there any prenatal or neonatal complications?
- Did your baby go home with mother from the hospital?

**Household**

- Are there any other household members for whom you are responsible?
- Name:
- Age:
- Relationship:
- Telephone:

**General**

- Does your child have any allergies?
- Has your child had any surgery?
- Is your child allergic to medication or foods?
- Does your child have enough to eat?

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