

ERTEL MEDICINE & PEDIATRICS  
**NEWBORN PARENT QUESTIONNAIRE**

In an effort to help our office better serve families with children under two (2) years of age, please complete this questionnaire to see if your child could be at a higher risk for developing a severe Respiratory Syncytial Virus (RSV) infection.

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

1. Was your child born more than four (4) weeks early (prematurely)?  
\_\_\_\_\_ Yes    If Yes, how many weeks? \_\_\_\_\_  
\_\_\_\_\_ No

2. Was your child in the neonatal intensive care unit (NICU) after birth?  
\_\_\_\_\_ Yes    If Yes, how many days? \_\_\_\_\_  
\_\_\_\_\_ No

3. Has your child ever been re-hospitalized?  
\_\_\_\_\_ Yes    If Yes, please explain? \_\_\_\_\_  
\_\_\_\_\_ No

4. Has your child ever had any respiratory or breathing difficulties?  
\_\_\_\_\_ Yes    If Yes, please explain? \_\_\_\_\_  
\_\_\_\_\_ No

5. Does your child have a heart or lung condition?  
\_\_\_\_\_ Yes    If Yes, please explain? \_\_\_\_\_  
\_\_\_\_\_ No

6. Does your child have an immune deficiency?  
\_\_\_\_\_ Yes    If Yes, please explain? \_\_\_\_\_  
\_\_\_\_\_ No

7. Please check any of the situations listed below that may pertain to your child.  
\_\_\_\_\_ My child is around other children for more than four (4) hours per week.  
\_\_\_\_\_ My child attends daycare, either in the home, a center, gym or place of worship.  
\_\_\_\_\_ My child lives with siblings or other children.  
\_\_\_\_\_ My child is exposed to tobacco smoke, wood burning stoves or kerosene heaters.  
\_\_\_\_\_ My child lives more than thirty (30) miles from the nearest hospital.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date