

Patient Name: _____ DOB: _____

Patient Birth History

Delivery Type: Vaginal _____ C-section _____
 Premature _____ Term _____ Over Due _____
 Complications with delivery? Yes _____ No _____
 *If yes, please describe:

Birth Weight: _____ pounds _____ ounces
 Birth Height: _____
 Gestational age: _____ weeks _____ days
 Discharge weight: _____ pounds _____ ounces

Prenatal Exposure: None _____ Alcohol _____ Drugs _____ Tobacco _____ Other _____
 NICU Stay? Yes _____ No _____
 *If yes, please specify reason and length of stay

Any Hospital stays other than birth? Yes _____ No _____
 *If yes, specify age of hospitalization, reason and length of stay

Patient History- Please circle all that apply:

HEENT (Head, Ears, Eyes, Nose, Throat)

History of Allergic Rhinitis
 Laryngomalacia
 Recurrent sore throat
 Brachial cleft anomaly
 Recurrent ear infections
 Tracheomalacia
 Cleft lip
 Cleft palate
 Recurrent sinusitis
 Other HEENT: _____

Endocrine

Diabetes Mellitus
 Hyperthyroidism
 Hypothyroidism
 History of signs of early puberty
 Graves Disease
 Other: _____

Respiratory

Allergies/hay fever
 Bronchitis
 Reactive Airway disease
 Apnea prematurity
 Croup
 RSV
 Asthma
 Esophageal atresia
 Bronchiolitis
 Pneumonia
 Other: _____

Cardiovascular

Cardiac Arrest
 Congenital Heart Disease
 Pulmonary Hypertension
 Cardiac arrhythmia
 Heart Valve Diseases
 Other: _____

Gastrointestinal

Constipation
GERD
Jaundice
Chronic Diarrhea
Hepatitis
Gallstones
Feeding Difficulties
Intussusceptions
Other: _____

Genitourinary

Night time wetting
Kidney failure
Daytime wetting
Hydronephrosis
Past UTI
Inguinal hernia
UPJ Obstruction
Umbilical hernia
VU reflux
Other: _____

Gynecological (Females only)

Age at first menstrual cycle _____
STD
Other known conditions: _____

Hematology

Abnormal bleeding
Nose bleeds
Transfusion
Other: _____

Musculoskeletal

Congenital Hip Dysplasia
Fractures
Juvenile Rheumatoid Arthritis
Rotator Cuff Tear
Scoliosis
Other: _____

Cancer

Blood cancer
Brain cancer
Leukemia
Musculoskeletal cancer
Other: _____

Infectious Disease

Chickenpox
Chlamydia
HIV
MRSA
Meningitis
Pertussis
Other: _____

Integumentary (skin)

Acne
Psoriasis
Sunburn
Eczema
Problems with healing
Sunburn with blistering
HSP
Keloids
Other: _____

Neurologic

Cerebral palsy
Headaches
Seizures
Developmental delay
Hydrocephalus
TBI
Epilepsy
Mental retardation
Fetal alcohol syndrome
Other: _____

Psychiatric

ADD
ADHD
Behavior Problems
Learning Problems
Bulimia
Anorexia
Mood disorders
Cyclothymia
Pervasive development
Anxiety
Depression
Schizoaffective disorder
Aspergers disorder
Dysthymic
Autism
Homicidal
Other: _____

Genetic/Metabolic

Birth defects
 Cystic fibrosis
 Obesity
 Chromosomal disorder
 Down Syndrome
 Congenital deformity
 Failure to Thrive
 Other Genetic: _____
 Other Metabolic: _____

Events:

Anaphylaxis

Disabilities

Hearing deficit
 Paraplegia
 Vision deficit
 Hemiparesis
 Quadriplegia
 Other: _____

Patient Surgical History

Please circle all that apply

Yes: _____ NO: _____

HEENT (head, ears, eyes, nose, throat)

Adenoidectomy
 Lacrimal duct probing
 Brachial cleft excision
 Lasik eye surgery
 Cleft palate repair
 Ear tubes
 Tonsillectomy
 DC thyroglossal excision
 Tracheotomy
 Dental surgery
 Other: _____

Respiratory

Bronchoscopy
 Esophageal dilation
 TE Fistula repair
 Chest tube
 Lung biopsy
 Thoracotomy
 Con. diaphragm hernia repair
 Lung resection
 Decortication
 Other: _____

Cardiovascular

Ablation
 Heart transplant
 Pericardial window
 Cardioversion
 NUSS/Ravitech
 Valve replacement
 Congenital heart defect revision
 PDA ligation
 Other: _____

Gastrointestinal

Appendectomy
 Gastrostomy tube
 PH probe
 Cholecystectomy
 GT change
 PSARP
 Colectomy
 Ileostomy
 Pyloric stenosis repair
 Colonoscopy
 Inguinal hernia repair
 Reduction of intussusceptions
 Colostomy
 Jejunostomy tube
 Small bowel
 Endorectal pullthrough
 LADDS procedure
 Splenectomy
 Endoscopy
 Lobotomy
 Umbilical hernia repair
 Gastroschisis repair
 Nissen fundoplication
 VY cutback
 Gastrostomy closure
 PEG tube
 Other: _____

Surgical history continued

Genitourinary

Anoscopy
Nephrectomy
Urethral reimplanation
DEFLUX procedure
Rectal biopsy
Fusulectomy
Rectal dilation
Circumcision (males only)
Other: _____

Musculoskeletal

Club foot repair
Rotator cuff repair
Fracture repair
Other: _____

Neurologic

Craniotomy
Spinal surgery
VP shunt revision
VP shunt placement
Meningomyelocele repair
Other: _____

Endocrine

Parathyroidectomy
Thyroid surgery
Thyroidectomy
Other: _____

Integumentary (skin)

Cystic hygroma excision
Implant placed
Scar revision
Dermoid excision
Implant removed
Umbilical hernia repair
Hernia repair-ventral
I&D
Pilomatrixoma excision
Other: _____

Lymphatic

Node biopsy
Node excision
Other: _____

Please list parents and siblings names **and** birth dates in the space provided below.

- please tell us if siblings are male or female, as names can be unisex.
- Please circle those who live in the household with the child.
- If parents are separated, please indicate who lives in each household.

Parent's occupations:

Mom: _____

Dad: _____

Do you have any pets? If so, please list.

Is the patient exposed to secondhand smoke?

Yes _____ No _____

Family History

Please circle positive conditions regarding the patient's parents, siblings and grandparents.

Indicate the individual affected by the condition and the age of diagnosis if known.

(Ex: Diabetes mellitus maternal grandmother, 40-50 years of age)

Adverse reaction to anesthesia

Alcohol abuse

Anemia

Asthma

Autoimmune disorder

Blood disorders

Breast cancer

Colon cancer

Congenital anomaly

Congestive heart failure

Coronary artery disease

Dementia

Depression

Diabetes Mellitus

Drug abuse

Eczema

Gastric/stomach cancer

Genetic disorder

Hardening of arteries

Heart attack

Hearing problems

High blood pressure

High cholesterol

Kidney cancer

Kidney disease

Learning disability

Liver disease

Malignant hyperthermia

Mental disorder

Obesity

Ovarian cancer

Pancreatic cancer

Prostate cancer

Rheumatoid arthritis

Seizures

Skin cancer

Stroke

Thyroid disease

Tobacco abuse

Tuberculosis

Uterine cancer

Vision disorders

Other: _____