Pediatric Cardiology Care

FOLLOW-UP PATIENT MEDICAL INFORMATION – CHILD > 2 YEARS

Purpose: At Pediatric Cardiology Care, we strive to deliver a complete and thorough evaluation for your child. To help us achieve this, please complete the following to the best of your ability. Your answers are confidential. If you have any questions or concerns regarding the questions or information below, please discuss with your healthcare provider.

Date of Appointment: _____

Patient's Full Name: _____ Nickname (if any): _____

Patient's DOB: ____/____ /_____ Age: _____ PCP or Referring Physician: _____

What is your main reason for your follow-up visit today? _____

PATIENT'S CURRENT HEALTH (SINCE YOUR LAST VISIT WITH US)

My child's overall health is: Excellent Good Fair Poor		
My child's activity level is: High Normal Below Avg. Minimal		
My child's overall endurance with physical activity is: High Normal Low		
	Yes	No
Has your child complained repeatedly or consistently about chest pain/discomfort?		
Does your child appear short of breath or winded with physical activity?		
Has your child complained of palpitations (heart racing, skipped beats, irregular rhythm)?		
Has your child complained of dizziness or lightheadedness? Has he/she fainted?		
Does your child drink caffeinated drinks (soda, tea, energy drinks, etc.) more than 2 days per week?		

MEDICATIONS/ALLERGIES *(please circle)*

Does your child have allergies to any medications? Yes No Is your child allergic to latex? Yes No

Is your child currently taking any regular medications? Yes No

If yes, please list below:

Medication	Strength/Concentration and Dosage (if known)

O My child takes regular medications, but I cannot recall the name(s) or dosage(s).

PERSONAL/FAMILY MEDICAL HISTORY

Since your last visit, has the patient had any hospitalizations or developments of other medical problems? Yes No

Since your last visit, have there been in major changes in the family's cardiac history? Yes No

Since your last visit, have there been in major changes in the patient's social history (i.e. family dynamics, stressors, etc.? Yes No

If yes to any of the above, please explain:

_____

_____

The above information is true/correct to my knowledge. _____ (Parent/Guardian signature)

I have reviewed this questionnaire. _____ (Physician signature)