



FOLLOW-UP PATIENT MEDICAL INFORMATION – INFANT/TODDLER < 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 LAST APPOINTMENT

Current method of feeding (<i>circle one</i>)	Breastfeeding	Bottle (____oz per feed)	Both
How often does your child feed? Every _____ hours			
If bottle feeding, how long does your child take to finish a bottle? _____ minutes			
			Yes No
Does your child have unusually fast breathing or sweating when feeding?			
Have you or your pediatrician had concerns about your child's weight gain?			
Has your child ever had concerning color changes or unexplained/unusual fussiness?			
Do you feel that your child has good energy/activity level?			
Has your child been meeting his/her developmental milestones?			

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)

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)