

Updated History Questionnaire:

Today's Date: _____

Patient's Name: _____

Date of birth: _____

Since your child's last check up, has he/she had any of the following:

- | | | |
|---|-----|----|
| Surgery? | Yes | No |
| Hospitalizations? | Yes | No |
| Emergency Room or Urgent care visits? | Yes | No |
| Has your child seen an eye doctor in the past year? | Yes | No |
| Does your child wear glasses or contacts? | Yes | No |

If yes to any above questions, please explain: _____

Please list medications your child takes on a regular or seasonal basis: _____

Does your child see a dentist every 6 months? Yes No

Please circle any chronic medical problems your child has such as:

- Allergies
- Asthma or Wheezing
- Eczema
- Seizures
- Heart murmur
- Recurrent ear infections
- Recurrent strep throat infections
- Snoring
- Anemia
- Other unlisted problem (describe) _____

Does your child ever have:

- | | | |
|--|-----|----|
| Fainting DURING or AFTER exercise, emotion or startle? | Yes | No |
| Extreme shortness of breath with exercise? | Yes | No |
| Discomfort, pain or pressure in chest during exercise? | Yes | No |

Please circle if your child has a FAMILY HISTORY of: Who? (Mom, dad, maternal grandfather...)

- Heart problems <50yrs old _____
- High cholesterol _____
- High blood pressure _____
- Stroke _____
- Pacemaker or Long QT syndrome _____
- Sudden unexplained death <50 yrs _____
- Anemia or bleeding disorders _____
- Allergies—Food, Drugs, Seasonal _____
- Autoimmune disease _____
- Cancer (please note what type) _____
- Genetic disease like Marfan's syndrome _____
- Diabetes _____
- Recurrent Ear Infections or ear tube surgery _____
- Thyroid disease _____
- Gastrointestinal disease IE: reflux, inflammatory bowel disease, celiac disease _____
- Seizures _____
- Migraines _____
- ADHD _____
- Asthma, Wheezing _____
- Kidney disease or kidney stones _____

Any changes to your home life? (Deaths, divorces, social stresses?) Yes No

If so, please describe _____

Do you have any special concerns today?
