

Today's Date: ____ / ____ / ____

PATIENT NAME: Please print.

(First Name)

(M)

(Last Name)

DATE OF BIRTH: ____ / ____ / ____ Name of the patient's physician: _____

Name of the doctor that sent you here (if different than above) _____

I. Reason for Visit: _____

II. Medication History:

Prescription drugs your child takes now: None

Over the counter medications your child takes now:

None
 Ibuprofen
 Other pain medicine, Name: _____
 Nasal spray, Name: _____
 Allergy pill, Name: _____
 Others: _____

III. Medical History: None

Congenital heart disease Easy bleeding or bruising problems Prematurity
 Anesthesia problems Asthma Sleep Apnea
 Reflux or easy vomiting Did not pass newborn hearing screening
 Diagnosed syndrome: _____
 Other Health Conditions: _____

IV. Allergies:

i. Does your child have any allergies to drugs or medications: Yes No

If yes, list medication and reaction: _____

ii. Does your child have any environmental, food or latex allergies: Yes No

If yes, list allergy and reaction: _____

V. Surgical History: Has your child undergone any surgery? Yes No

If yes, list: _____ Date: _____
_____ Date: _____
_____ Date: _____

VI. Family History: Does anyone in family have or had any of the listed problems? None Family history unknown

Anesthesia problems Who: _____
Easy bleeding or bruising problems Who: _____
History of frequent ear infections Who: _____
Hearing Loss Who: _____
Environmental Allergies Who: _____

VII: Social History:

1. **Parental tobacco use:** Do the parents or primary care givers smoke? Yes No

If yes,

- i. **Who smokes?** Mother Father Both parents Other
- ii. **Is tobacco use inside or outside home?** Inside Outside Both inside and outside
- iii. **Is tobacco used around children?** Yes No

2. **Is the child in daycare?** Yes No

3. **Are there any pets with hair or dander at home?** Yes No

If yes, list _____

VIII. Review of Symptoms: Check box for problems your child has **now**. If no problems in that area now, check "no problems".

Ear Nose Throat (ENT)

- NO PROBLEMS
- Ear Pain
- Hearing Loss
- Nasal Congestion
- Snoring
- Sore Throat
- Hoarseness
- Lump in neck
- Weak cry
- Mouth Breathing

Constitutional

- NO PROBLEMS
- Fever
- Fatigue

Heart

- NO PROBLEMS
- Murmur
- Congenital heart disease

Lungs

- NO PROBLEMS
- Shortness of breath
- Wheezing
- Noisy breathing

Digestive

- NO PROBLEMS
- Swallowing problems

Neurologic

- NO PROBLEMS
- Seizures
- Weakness
- Developmental delay

Endocrine

- NO PROBLEMS
- Diabetes

Skin

- NO PROBLEMS
- Hives
- Itching

Eyes

- NO PROBLEMS
- Blindness
- Double Vision
- Eye pain

Blood

- NO PROBLEMS
- Anemia
- Bleeding or bruising easily

Genitourinary

- NO PROBLEMS
- Kidney problems