

NORTHWEST CENTER FOR CONGENITAL HEART DISEASE

New Patient Questionnaire – Child

(Please fill out/check boxes as best as you can)

Patient's Name: _____ Date of Appointment: _____

Birth Date: _____ Age: _____ Sex: Male Female

Primary Care Provider (PCP): _____

Referring Provider (if different from PCP): _____

Reason for Cardiology Visit: _____

Birth/Prenatal History: Birth Weight: _____ Birth Length: _____ Multiple births? _____

Pregnancy Duration: Full Term Pre Term _____ weeks Prenatal care received starting at: _____ weeks

Problems with Pregnancy (*check all that apply*): Fetal cardiac concerns, Diabetes, High Blood pressure, Infection, Bleeding, Clotting, Maternal Lupus, Poor weight gain, Other: _____

Medications during pregnancy (other than vitamins): _____

Smoking, alcohol or other drug use during pregnancy: _____

Newborn Problems: Cardiac problems, Respiratory problems, Jaundice, Infection, Prematurity, Feeding problems, Other _____

Past Medical History: (Check and explain briefly only if the following have been problems.)

ADD/ADHD/Behavior problems: _____

Asthma: _____

Chromosome/Genetic problems: _____

Frequent ear/sinus/throat infections: _____

Pneumonia/respiratory infections: _____

GE Reflux: _____

Seizures: _____

Other: _____

Hospitalizations (explain non cardiac hospital admissions): _____

Past Surgical History: (please list non cardiac surgeries, date, and Doctor)

Family History: Please check and explain for immediate family members (parents, siblings, grandparents, aunts/uncles)

Congenital Heart Disease (born with abnormal heart) _____

Sudden Unexpected Death _____

Genetic Disorder _____

Early Coronary Disease (under 50 years) _____

Heart Rhythm Disturbance _____

High Cholesterol _____

Other _____

Child is adopted _____

Social History:

List household members and their ages: (Example: Mother 34, Father 35, Brother 10, Sister 12, etc) _____

Parents are: Married Divorced Separated Both parents involved Child in Foster care

School: Child attends Grade Level: _____ Name of School: _____

Type of student: Average Above average Below average

Social Stressors: Recent move, Divorce, Grades, School bullies, Other: _____

Sports: _____

Activities or Hobbies: _____

Smokers in the home _____ Pets _____

Immunizations: Up to date Behind Not sure

