

PEDIATRIC CARDIOLOGY SPECIALISTS

A Medical Group

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INITIAL PATIENT QUESTIONNAIRE

PATIENT NAME: _____ DOB: _____ DATE: _____

Please check [Y] yes or [N] no, circle or explain where required, N/A for not applicable

Reason for today's visit : _____ Completed by _____ Relation _____

Previous medical care- Dr. _____ Dental care Y N _____ Eye Exam Y N _____

PREGNANCY AND BIRTH Mother's age at pregnancy ? _____
Any illness during pregnancy ? Y N _____
Medications during pregnancy ? Y N _____
Smoking - alcohol - street drugs - during pregnancy ? Y N _____
Was baby born premature - Late - or on time ? Y N _____
Type of delivery? _____ Birth weight _____ Length _____
Complications ? _____ Apgar _____
Problems with baby at birth? Breathing Y N Jaundice Y N
Other _____
Problems soon after birth? Nursery or Home ? _____

PAST MEDICAL HISTORY
Allergies: _____
Immunizations - up to date ? _____
Hospitalizations: (when- where- why ?) _____
Serious injuries (when- where ?) _____
CHILDHOOD DISEASES : Measles - Mumps - Whooping Cough - Chicken
Pox - German measles - Scarlet fever - Rheumatic fever - Hepatitis - Ear
Infections - Throat Infections - Other Infections _____
Aneamia Y N Seizures Y N
Bleeding Tendency Y N Vision Problems Y N
Blood Transfusions Y N Hearing Problems Y N
Asthma /Wheezing Y N Other: _____
Eczema /Hives Y N _____

FEEDING & NUTRITION
Breast fed ? Y N No of months _____
Formula ? Y N Brand _____
Special Diet Y N _____
Regular Diet Y N _____

FAMILY PROFILE Parents- Married ? Separated ? Divorced ?
Father's Age ? _____ Highest school grade? _____ Health ? _____
Mother's Age? _____ Highest school grade? _____ Health ? _____
(List child's brothers & sisters and their ages)

FAMILY HISTORY
List all blood relatives of your child who have had the following problems - use abbrev. (F) Father, (M) Mother, (B) Brother, (MM) Mother's Mother, (MF) Mother's Father, (FM) Father's Mother, (FF) Father's Father, (A) Aunt, (U) Uncle, (C) Cousin
Aneamia, blood dis. _____
Asthma _____
Mental Retardation _____
Drug Problem _____
Alcoholism _____
Cancer _____
Aids _____
Cystic Fibrosis _____
Musc. Dystrophy _____
Tuberculosis _____
Arthritis _____
Epilepsy/ Seizures _____
Migraine _____
Early deafness _____
Diabetes _____
Birth Defects _____
Sudden Infant Death _____
High Blood Pressure _____
Cholesterol Problem _____
Heart Disease _____
- Adult Onset _____
- Congenital _____
Heart murmurs _____

DEVELOPMENT & BEHAVIOR Age at child - _____
Sat Alone _____ Walked _____ Used Sentences _____
Toilet Trained _____ Bicycled _____
Development compared to other children?
Learning Problems? Y N
School Problems ? Y N
Behavioral Problems ? Y N
Bad Habits ? Y N
Hobbies- Sports ? Y N
Use of Street Drugs ? Y N
Alcohol ? Y N

SYNOPSIS : _____

