



Pacific Pediatric Cardiology Medical Group, Inc.

Practice Limited to Pediatric Cardiology and Adults with Congenital Heart Disease
www.PacificPediatricCardiology.com

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PATIENT MEDICAL HISTORY

PATIENT'S NAME: _____ DOB: _____ TODAY'S DATE _____

NAME OF PERSON COMPLETING FORM: _____ RELATIONSHIP TO PATIENT: _____

HISTORY OF PRESENT ILLNESS

Reason for consultation? _____

When did problem begin? _____

BIRTH HISTORY

Name of Hospital where child was born _____

Birth weight of child _____ pounds _____ ounces

Was the patient born prematurely? Yes No

Were there any complications with the pregnancy?..... Yes No

Were there any complications with the delivery? Yes No

Was the patient born by Cesarean section Yes No

If YES to any question above, please explain: _____

GROWTH AND DEVELOPMENT

Normal milestones? Yes No

Developmental delay? Yes No

Speech delay? Yes No

PAST MEDICAL HISTORY

Any Hospital Admissions? Yes No

Any Surgical procedure?..... Yes No

Immunizations up to date? Yes No

REVIEW OF SYSTEMS

HAS THE PATIENT EVER HAD ANY OF THE FOLLOWING?

Heart murmur Yes No

Fainting /Loss of consciousness Yes No

Chest Pain Yes No

Palpitations/fast heart beats Yes No

High blood pressure Yes No

Shortness of breath Yes No

Weight loss/Failure to thrive Yes No

Fatigue Yes No

Pneumonia Yes No

Asthma Yes No

Eye problems Yes No

Ears/nose/throat problems Yes No

Eating problems or stomach pain Yes No

Muscle problems Yes No

Skin problems/rashes Yes No

Seizures/Brain problems Yes No

Hormones problems/Diabetes Yes No

Blood problems/Anemia Yes No

Cancer Yes No

ADHD/ADD/Learning difficulty Yes No

ALLERGIES Yes No

Does your child take any medications Yes No

ALLERGIES TO MEDICATIONS Yes No

FAMILY HISTORY

Age of Mother?_____ Health status _____

Age of Father?_____ Health status _____

Age of siblings and Health Status? _____

Any history of congenital heart disease in the family?

If YES to any question below, please explain:

HAS ANYONE IN YOUR FAMILY HAD THE FOLLOWING?

Sudden cardiac death before age 50 years Yes No

High cholesterol Yes No

High blood pressure Yes No

Abnormal heart rhythm / EKG Abnormality Yes No

Cardiomyopathy Yes No

Diabetes Yes No