Lennis P. Burke, M.D. Joseph Ahdoot, M.D.

Elizabeth R. De Oliveira, M.D. John Ho, M. D. Irving R. Tessler, M.D. Susanna Tran, M.D. Christiana Tai, M.D.

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		GROWTH AND DEVELOPMENT		
Name of Hospital where child was born		Normal milestones?	☐ Yes	No □
Birth weight of childpoundsounces		Developmental delay?		No □
Was the patient born prematurely?	Yes No □	Speech delay?		No □
Were there any complications with the pregnancy?		PAST MEDICAL HISTORY		
Were there any complications with the delivery?			- V	NI =
Was the patient born by Cesarian section	Yes No □	Any Hospital Admissions?		No 🗖
If YES to any question above, please explain:		Any Surgical procedure?		No □ No □
		=		
REVIEW OF SYSTEMS				
HAS THE PATIENT EVER HAD ANY OF THE FOLLOWING?		If YES to any question below, please explain:		
Heart murmur \Box				
Fainting /Loss of consciousness	Yes No 🗆			
Chest Pain				
Palpitations/fast heart beats $\ \square$				
High blood pressure	Yes No 🗆			
Shortness of breath \Box				
Weight loss/Failure to thrive \qed	Yes No 🗅			
Fatigue	Yes No 🗆			
Pneumonia	Yes No 🗆			
Asthma \Box	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 🗆			
ALLIERGIES TO MEDICATIONS	Yes No □			
FAMILY HISTORY		HAS ANYONE IN YOUR FAMILY HAD THE FOLLOWING?		
Age of Mother? Health status		Sudden cardiac death before age 50 years	□ Voc	No □
Age of Father? Health status		O ,		
Age of siblings and Health Status?		High cholesterol		No □
<u> </u>		High blood pressure		No 🗖
Any history of congenital heart disease in the family?		Abnormal heart rhythm / EKG Abnormality		No 🗖
Any history of congenital near alsease in the family?		Cardiomyopathy		No 🗖
		Diabetes	Yes	No 🗖