Alamo Children's Heart Center

N.P. Patient Questionnaire

Name: _____ Date of Birth: _____

Reason for cardiology evaluation today: _____

BIRTH HISTORY:

Birth Weight: _____Pounds _____oz.

Pregnancy: ☐ Complicated ☐ Uncomplicated

Labor/Delivery ☐ Vaginal birth ☐ C-section

Neonatal Course: ☐ Complicated ☐ Uncomplicated

Gestational Age: _____Weeks Mothers age at delivery: _____Years

Did the patient have any problems at birth?

☐ Need for oxygen ☐ Apnea spells ☐ Abnormal heart Rhythm ☐ Heart Murmur ☐ On a ventilator (How long? ____)

PAST MEDICAL HISTORY:

Any ongoing medical conditions: (Example: Diabetes, ADHD, Asthma)

_____

_____

_____

Prior hospitalizations? ☐ YES ☐ NO If yes explain: _____

_____

Prior surgeries? ☐ YES ☐ NO If yes explain: _____

_____

Developmental Concerns: _____

_____

FAMILY HISTORY:

☐ Unknown

	Check all that apply	Relationship to Patient
	Congenital Heart Disease	
	Sudden Death	
	Arrhythmia	
	Cardiomyopathy- Dilated	
	Cardiomyopathy- Hypertrophic	
	Coronary Artery Disease	
	Hypertension (High Blood Pressure)	
	Diabetes	
	Heart Attack before age 50	
	Murmurs	

Medication List

Medication	Dose	Reason for taking medication:

Allergies to medications: □ YES □ NO (If yes, please list with reaction): _____

_____

Immunizations up to date: □ YES □ NO

SOCIAL HISTORY:

Diet and Feeding

(1 year of age and younger)

□ Formula: Amount per feeding _____oz. feeds every _____hr.

□ Breastfed: Feeds every _____hrs. Duration of feeding _____ mins.

Any difficulty feeding? □ Yes □ No

Check all that apply. If marked, please explain.

□ Tires with feeding: _____

□ Fast breathing with feeding: _____

□ Sweats with feeding: _____

□ Other: _____

Exercise

Check all that apply. If checked, please explain

□ Regular (On own): _____

□ Regular (PE):_____

□ Sedentary: _____

□ Restricted: _____

□ Competitive (List sports): _____

General

Check all that apply. If check please explain

Tobacco Use: Are you / Have you been a smoker? □ Yes □ No # of years: _____ Quit _____ years ago
Alcohol Use: How much do you consume in a: _____day _____week _____month _____year
Illicit drug use (List of drugs): _____
Supplements Use: _____
School (List school/Grade): _____
Patient lives with? (List all adults & Children): _____
Smoker's in house household? (List All Smokers): _____
Patient under 3 years old:
Developmental Milestones: Months-crawled _____ Months-walked w/o help _____ Months-toilet trained _____

Months-sat without help _____ Months-began talking _____