

**PEDIATRIC CARDIOLOGY OF LONG ISLAND
PEDIATRIC HEALTH HISTORY SYSTEMS REVIEW**

Patient name: _____ Date of Birth: _____

Reason for visit: _____

Birth History: Birth Weight: _____ () Full Term; () Premature _____ weeks

() Vaginal Delivery; () C-Section;

Problems during Pregnancy: () No; () Yes: _____

Problems in Nursery: () No; () Yes: _____

Medical History:

Chronic medical problems () No; () asthma; () diabetes; () Seizures; () Allergies;

Hospitalizations: () No; () Yes: _____

Injuries: () No; () Yes: _____ Surgery : () No; () Yes: _____

Medications: () None; () Yes: List: _____

Family History: Please check if a FAMILY MEMBER OR RELATIVE has/had:

() Congenital Heart Defects: _____ () Stillbirths: _____

() Deafness at Birth: _____ () Heart disease as adult: _____

() Heart attack < age 50: _____ () Heart Surgery: _____

() Stroke: _____ () High Cholesterol: _____

() High Blood Pressure: _____ () Diabetes: _____

() Sudden Infant Death Syndrome: _____ () Sudden /Accidental Death: _____

() Irregular heart beats: _____ () Arrhythmia: _____

() Prolonged QT Syndrome: _____ () tachycardia: _____

() pacemaker: _____ () enlarged heart: _____

() Cardiomyopathy: _____ () Marfans: _____

() Aneurysms: _____ () Mitral Valve Prolapse: _____

() Syncope/Passing out: _____ () Valve leakage/ narrowing: _____

() Lupus: _____ () other: _____

Social History:

Ages: Mother: _____; Father: _____; Brothers: _____; Sisters: _____

Patient lives with : () mother; () father; () siblings ; () grandparents; () others: _____

School: Grade: _____ () Regular class: () Special Education

Review of Systems: Please check all that the PATIENT has had:

General: () NONE

() poor weight gain; () recent weight loss/ gain; () easy fatigue; () paleness;

Cardiovascular: () NONE

() heart murmur; () poor exercise tolerance; () chest pain; () blueness;

() palpitations or rapid heart beat; () irregular heart beat; () dizziness;

() passing out; () easy fatigue; () high cholesterol; () high blood pressure;

() low blood pressure;

Respiratory: NONE

- shortness of breath; difficulty breathing; wheezing; frequent coughing;
- noisy breathing; chest pain; lung collapse; pneumonia; asthma;

Allergy/ Immunology: NONE

- seasonal/ chronic runny nose; watery eyes; nasal congestion;
- frequent infections;

Endocrine: NONE

- heat or cold intolerance; excessive sweating; excessive thirst/ hunger;

Skin: NONE

- rashes; hemangiomas / birthmarks; eczema; prominent veins;
- abnormal color: blue or very pale;

Neurologic: NONE

- diagnosis of ADHD/ ADD; weakness; numbness; headaches; seizures;
- difficulties with speaking; abnormal movements;

Gastrointestinal: NONE

- coughing/choking when eating; frequent vomiting; frequent diarrhea;
- heartburn/ stomach aches; poor eater; difficulty feeding;

Ears/ Nose/ Throat: NONE

- sore throat; history strep throat; ear pain; hearing loss;
- cracked / sore/ red lips; nosebleed;

Musculoskeletal: NONE

- joint or muscle pain; joint or muscle swelling; loose/flexible joints;
- redness/ inflammation of joints; scoliosis; chest cavity abnormality;

Eyes: NONE

- pink/ red eyes; glasses/ contact lenses; blurry vision;
- loss or change of vision;

Blood/ lymphatic: NONE

- anemia; swollen / enlarged lymph nodes; easy bruising/ bleeding;

Genitourinary: NONE

- bloody urine; pain on urination; history of urinary tract infections;
- decreased urine;

Psychiatric: NONE

- mood swings; depression; nervousness; temper outburst;

Please check what best describes PATIENTS level of physical activity:

- does no or very little routine physical activities/ exercise; exercise limited to GYM class at school;
- does occasional mild physical activities/ exercise
- does a moderate amount of physical activities/ exercise;
- does intense physical activities/ exercise: participates in competitive sports for age;

Form completed by: _____