BAILLIARD HENRY PEDIATRIC CARDIOLOGY

G. William Henry, MD
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Today's Date: _____ **Your name and relationship to patient:** _____

Child's Name: _____ **Date of Birth:** _____

Since your last visit, have any of the following changed?

New insurance? ☐ no ☐ yes, please provide: _____

New primary care physician? ☐ no ☐ yes, please provide: _____

New address? ☐ no ☐ yes, please provide _____

New telephone number? ☐ no ☐ yes, please provide: _____

Any new diagnoses/illnesses in the family? ☐ no ☐ yes (diagnosis, relation) _____

Any changes in medication? ☐ no ☐ yes (type, length of treatment) _____

Any new allergies to medication? ☐ no ☐ yes (name, reaction) _____

Any hospitalizations/surgeries? ☐ no ☐ yes (date, reason, location) _____

Any emergency room visits? ☐ no ☐ yes (date, reason, location) _____

Any new family members? ☐ no ☐ yes (relation) _____

Any change in school or grade? ☐ no ☐ yes (please describe) _____

Any change in activities? ☐ no ☐ yes (please describe) _____

Any new symptoms or concerns?

☐ Growth difficulty
☐ Abnormal weight loss or gain **(PLEASE CIRCLE)**
☐ Difficulty with breast or bottle feeding
☐ Frequent fevers
☐ Recent fever or infection

☐ Blurred vision
☐ Deafness

☐ Heart murmur
☐ Palpitations or irregular heartbeat
☐ Chest pain
☐ Blueness of tongue/gums or trunk
☐ Dizziness/Light headedness
☐ Fainting
☐ Difficulty with play or exercise

☐ Shortness of breath
☐ Frequent wheezing or asthma
☐ Chronic cough
☐ Frequent pneumonia

☐ Gastroesophageal reflux
☐ Abdominal swelling
☐ Abdominal pain

☐ Frequent diarrhea or constipation **(PLEASE CIRCLE)**

☐ Frequent urinary tract infection
☐ Blood in urine
☐ Abnormal periods

☐ Temperature intolerance
☐ Excessive sweating
☐ Difficulty moving extremities

☐ Swelling of hands or feet
☐ Peeling of hands/feet/nailbeds

☐ Abnormal muscle tone
☐ Seizures
☐ Frequent headaches

☐ Chronic rash
☐ Joint pain or joint swelling
☐ Unexpected or excessive bleeding/bruising

☐ Depression or anxiety **(PLEASE CIRCLE)**
☐ Learning disability
☐ ADD or ADHD **(PLEASE CIRCLE)**

☐ None of the above
☐ Other _____

Signature: _____