



HEALTH HISTORY QUESTIONNAIRE

PATIENT INFORMATION (CONFIDENTIAL): Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Nickname: _____ Sex: _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

RESPONSIBLE PARTY:

Name of Person Responsible: _____ Relationship: _____

Birthdate: _____ Driver's License: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL HISTORY:

Please describe the child's current physical health: Excellent _____ Good _____ Poor _____

Last time child ate: _____ Last time for clear liquid: _____

Has your child had any of the following medial problems?

- Y / N Allergies to any drug Y / N Diabetes Y / N Kidney Problems
Y / N Operations/ Hospitalizations Y / N Seizures/Epilepsy Y / N Liver Problem
Y / N Heart Defects/ Heart Murmurs Y / N Handicaps/Disabilities Y / N Bleeding Problems
Y / N Asthma/Lung Problems Y / N Developmentally Delayed Y / N Cancer
Y / N Tuberculosis Y / N Autism Y / N Rheumatic/Scarlet Fever
Y / N Down Syndrome Y / N ADHD/ADD

Explain any Y answers above: _____

Please discuss any medical problems that the child has/ had: _____

Please list all medications your child is taking: _____

Is the child currently under the care of a physician? YES / NO Date of last visit: _____

Child's Physician: _____ Phone Number: _____

The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the strictest confidence and is my responsibility to inform the anesthesiologist of any changes in the medical status of my child.

Parent/Legal Guardian Signature: _____ Date: _____

Reviewed by: _____ Date: _____



Date:

S: HPI:

ROS: HEENT:

WNL

Cardiac:

No CHD, >4METS

Pulm:

No Asthma, No URI, No OSA

Liver/Kidney:

No Disease

Endo:

No Disease

Neuro:

No Disease, ASD

Meds:

None

Aller:

NKDA

Sx History:

None, No Family H/O GA Complications

O: Gen: NPO Time Solids _____ Clears _____ Wt: BP: HR: S pO2:

HEENT: No loose teeth Mallampati Score 1 2 3 4 Brodsky Scale 0 1 2 3 4

Mouth Opening \geq 3cm TMD \geq 3cm

Heart :

RRR S1/S2 No M/R/G

Lungs:

CTAB No W/R/R

A: ASA _____

P:

Signature _____