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 medical 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 ≥ 3cm ☐TMD ≥ 3cm

Heart : ☐RRR S1/S2 No M/R/G

Lungs: ☐CTAB No W/R/R

A: ASA_____

P:

Signature_____