



Dayton Children's Hospital
Cardiology Department Patient Questionnaire

Date: _____

Patient: _____

Relationship to patient: _____

Has your child received the flu vaccine this season? YES NO
Where? _____ When? _____

Is your child allergic to any food or medication? YES NO
If yes, please list: _____

Does your child take any medication regularly or on an as needed basis? YES NO
If yes, please list: _____

SOCIAL HISTORY

Current school grade: _____

Patient lives with (circle) Mother Father Sister(s) # _____ Brother(s) # _____
Other _____

Custodial parent: _____

Does the patient participate in competitive athletics? YES NO
If yes, please list: _____

Is the patient in any special education classes? YES NO
Does the child have any learning difficulties? YES NO
Are there any smokers in the home? YES NO

PAST MEDICAL HISTORY

Approximate date of patient's last primary care check-up: _____

Has the patient had any accidents with serious injuries? YES NO
If yes, please list: _____

Has the patient had any hospitalizations aside from birth? YES NO
If yes, please list: _____

Has the patient had any surgical procedures? (including outpatient procedures) YES NO
If yes, please list: _____

Please turn form over and fill out back

FAMILY HISTORY (Established/follow up patients: Please update if any changes. Thank you!)

Check if any apply	Patient's Mother	Patient's Father	Patient's Sister	Patient's Brother	Patient's Grandparent	Other
Anemia (low iron)						
Heart rhythm problem						
Asthma						
Born deaf						
Clotting disorder						
Congenital (children born with) heart disease						
Developmental Delay (learning difficulties)						
Poor growth						
Early Heart Attack (prior to age 50)						
Heart Murmur						
High blood pressure						
Lupus						
Persistent Cough						
Rheumatic Fever						
Seizures						
Sudden Infant Death Syndrome (SIDS)						
Sudden unexplained death						
Thyroid Condition						
Large or thick heart						
Drowning in pool or lake						
Single vehicle or unexplained car accident						
Frequent passing out						
Pacemaker to keep heart in rhythm						
Defibrillator to shock heart back into normal rhythm						
Any of the following: Long QT syndrome, Brugada, SVT, ventricular tachycardia, ventricular fibrillation, atrial flutter, atrial fibrillation, atrial tachycardia, Jervell and Lange-Nielsen syndrome						

Please check any of the following that apply:

No significant family history: _____ Family history unknown: _____ Adopted: _____