

Patient Information- New Patient- 1-12 yrs
Información del Paciente

Patients Name/Nombre de Patient: _____
 Date of Birth/Fecha de Nacimiento: _____
 Primary Care Provider/Doctor Primario: _____

HPI:

Reason for Cardiology evaluation/ Razón por la Evaluación Cardiaca: _____

PMH: Birth History / Historia de nacimiento: *Birth history unknown/ Historia de nacimiento desconocido*

Length of Pregnancy/ Longitud de Embarazo: _____ Weeks/Semanas

Birth Weight/ Peso de Nacimiento: _____ lbs Length/ estatura _____ in

Vaginal or C-Section/Cesaria # _____ Days in Hospital at birth/ Dias en Hospital despues de Nadido(a)

Complications during Pregnancy/ Complicaciones durante el embarazo: No Yes If yes, Please explain/Favor explique: _____

Past Medical History: Please use back of sheet if necessary/ Historia Medica Pasada:

Chronic Medical Conditions / Condiciones Medica Cronicas?: No Yes _____

Prior Surgeries / Ha tenido alguna Cirugía(s) No Yes Explain/Favor explique: _____

MAI:

List of Current Medications /Lista De Medicamentos: _____

Allergies to Medications /Alergia a algún Medicamento: No Yes (If Yes, please list/Favor de Indicar)

Immunizations up to date/ Vacunas al corriente? Unknown/desconocido No immunizations by choice/no vacunas por eleccion Up to Date/al corriente

SH/FH: **Family History is unknown? / Historia de familia desconcido**

Family History - Historia Familiar (Please list Maternal or Paternal)

Y	N	Relationship to Patient –Relacion al Paciente
<input type="radio"/>	<input type="radio"/>	Congenital heart disease/Enfermedad cardiaca congenital (born with heart abnormality/nacido con anormalidaa del corazon)
<input type="radio"/>	<input type="radio"/>	Sudden death/(Muerte repentina)
<input type="radio"/>	<input type="radio"/>	Arrhythmia/(Arritmia) (irregular heartbeat or rhythm/ latido o ritmo irregular)
<input type="radio"/>	<input type="radio"/>	Cardiomyopathy – dilated/Miocardiopatía-Dilatada
<input type="radio"/>	<input type="radio"/>	Cardiomyopathy –hypertrophic/Miocardopatía-Hipertrofia
<input type="radio"/>	<input type="radio"/>	Coronary artery disease/Enfermedad de Arteria Coronaria (less than 50 years/menos de 50 anos)
<input type="radio"/>	<input type="radio"/>	High Blood Pressure /Alta Presion
<input type="radio"/>	<input type="radio"/>	Diabetes mellitus/Diabetes (Type 2/ tipo 2)
<input type="radio"/>	<input type="radio"/>	High Cholesterol/Alta colesterol

Patient lives with/Paciente vive con? Check all that apply/Indique todos los que aplique:

Mother/Madre Father/Padre Grandparents/Abuelos Other/ Otro _____

Patient is adopted? / Paciente adoptivo Yes No

Patient Information- New Patient- 1-12yrs

Child attends school/Atiende Escuela: Yes No Grade/ Grado: _____

Performance/ Rendimiento academico: Above Average/por encima de promedio Average/ promedio Below Average/ debajo de promedio

Pets in household/Mascotas en la casa? Yes No Type of pet/Cual mascota? _____

Smokers in household/Fumadores en el hogar? Yes No

Mother/Madre Father/ Padre Sister/ Hermana Brother/Hermano Grandparents/Abuelos Other/Otr

		Diet/Exercise
Y	N	
<input type="radio"/>	<input type="radio"/>	Regular (on own) Regularmente
<input type="radio"/>	<input type="radio"/>	Regular (at PE) Regularmente (educacion fisica)
<input type="radio"/>	<input type="radio"/>	Sedentary Sedentario
<input type="radio"/>	<input type="radio"/>	Restricted Restringido
<input type="radio"/>	<input type="radio"/>	Occasional Ocasional
<input type="radio"/>	<input type="radio"/>	Active Lifestyle Actividad diaria
<input type="radio"/>	<input type="radio"/>	Physically Unable to Exercise No puede ejercitarse

ROS – 1-12 yrs

	Y	N		Y	N		Y	N	
<u>General:</u>	<input type="radio"/>	<input type="radio"/>	Appetite Change Cambios de apetito	<input type="radio"/>	<input type="radio"/>	Activity Change Cambios en actividad	<input type="radio"/>	<input type="radio"/>	Irritability Irritabilidad
	<input type="radio"/>	<input type="radio"/>	Lethargy/Letargo	<input type="radio"/>	<input type="radio"/>	Trouble Sleeping/ Dificultad para dormir	<input type="radio"/>	<input type="radio"/>	Fever/ Fibre
<u>Eyes:</u> <u>Ojos</u>	<input type="radio"/>	<input type="radio"/>	Blurred Vision Vision borrosa	<input type="radio"/>	<input type="radio"/>	Corrective Lenses Usa Lentes			
<u>ENT:</u> <u>Otto riño</u>	<input type="radio"/>	<input type="radio"/>	Gum Bleeding Sangrado de Encias	<input type="radio"/>	<input type="radio"/>	Hearing Loss Perdida de Audicion	<input type="radio"/>	<input type="radio"/>	Nasal Congestion Cogestion Nasal
	<input type="radio"/>	<input type="radio"/>	Nosebleeds Sangrados de Nariz	<input type="radio"/>	<input type="radio"/>	Sleep Apnea Apnea del sueno	<input type="radio"/>	<input type="radio"/>	Tooth Pain Dolor de Diente
<u>Cardio/Vasc:</u>	<input type="radio"/>	<input type="radio"/>	Chest Pain (Dolor de Pecho	<input type="radio"/>	<input type="radio"/>	Cool Extremeties Extremidades Frias	<input type="radio"/>	<input type="radio"/>	Color Change Cambio de color
	<input type="radio"/>	<input type="radio"/>	Easy Fatiguability Se fatiga facilmente	<input type="radio"/>	<input type="radio"/>	Excessive Sweating Sudoracion	<input type="radio"/>	<input type="radio"/>	Fainting Desmayo
	<input type="radio"/>	<input type="radio"/>	Fast Heartbeat Latido Rapido	<input type="radio"/>	<input type="radio"/>	Irreg. Heartbeat Latido Irregular	<input type="radio"/>	<input type="radio"/>	Murmur Soplo o Murmullo
	<input type="radio"/>	<input type="radio"/>	Palpitations/Palpitaciones						
<u>Respiratory:</u> <u>Repiratorio:</u>	<input type="radio"/>	<input type="radio"/>	Asthma Symptoms Sintomas de asma	<input type="radio"/>	<input type="radio"/>	Chronic Cough Tos cronico	<input type="radio"/>	<input type="radio"/>	Recurrent Wheezing Silbilancias Constantes
	<input type="radio"/>	<input type="radio"/>	Shortness of breath with Exercise/ Falta de aliento con ejercicio	<input type="radio"/>	<input type="radio"/>	Snoring Ronquidos	<input type="radio"/>	<input type="radio"/>	Frequent Pneumonia Neumonia frecuente
<u>GI:</u> <u>Gastro:</u>	<input type="radio"/>	<input type="radio"/>	Abdominal Distention Distencion abdominal	<input type="radio"/>	<input type="radio"/>	Abdominal Pain Dolor abdominal	<input type="radio"/>	<input type="radio"/>	Eating Problems Problemas de alimentacion
	<input type="radio"/>	<input type="radio"/>	Reflux Symptoms/ Reflujo	<input type="radio"/>	<input type="radio"/>	Nausea/Nausea	<input type="radio"/>	<input type="radio"/>	Vomiting/Vomito
<u>GU:</u> <u>Urologia:</u>	<input type="radio"/>	<input type="radio"/>	Blood in Urine Sangre en la Orina	<input type="radio"/>	<input type="radio"/>	Decrease Urination Orina infrecuente	<input type="radio"/>	<input type="radio"/>	Frequent Urination Orina Frecuente
<u>MSK:</u>	<input type="radio"/>	<input type="radio"/>	Bone Deformity Deformidades de hueso	<input type="radio"/>	<input type="radio"/>	Joint Pain Dolor de coyunturas	<input type="radio"/>	<input type="radio"/>	Joint Swelling Hinchado
	<input type="radio"/>	<input type="radio"/>	Muscle Aches/Dolor Muscular				<input type="radio"/>	<input type="radio"/>	Scoliosis/Escoliosis
<u>Skin/Derma:</u>	<input type="radio"/>	<input type="radio"/>	Birthmarks/Lunares	<input type="radio"/>	<input type="radio"/>	Cyanosis/Cianosis	<input type="radio"/>	<input type="radio"/>	Rash/Sarpullido
	<input type="radio"/>	<input type="radio"/>	Nail Changes/Cambio en las unas						
<u>Neurological:</u> <u>Neurologico:</u>	<input type="radio"/>	<input type="radio"/>	Dizziness Mareo	<input type="radio"/>	<input type="radio"/>	Headache Dolor de cabeza	<input type="radio"/>	<input type="radio"/>	Seizures Convulsiones
	<input type="radio"/>	<input type="radio"/>	Weakness/Debilidad						
<u>Endo/Meta:</u>	<input type="radio"/>	<input type="radio"/>	Excessive Weight Gain Aumento de Peso	<input type="radio"/>	<input type="radio"/>	Slow Growth Crecimiento Lento	<input type="radio"/>	<input type="radio"/>	Weight Loss Perdida de Peso
<u>Hematologic:</u> <u>Hematologia</u>	<input type="radio"/>	<input type="radio"/>	Bleeding Problems Problema de sangrado	<input type="radio"/>	<input type="radio"/>	Easy Bruising Moretones con facilidad	<input type="radio"/>	<input type="radio"/>	Swollen Glands Inflamación de las glándulas
<u>Psychiatric</u>	<input type="radio"/>	<input type="radio"/>	ADD	<input type="radio"/>	<input type="radio"/>	ADHD	<input type="radio"/>	<input type="radio"/>	Depression/Depresion
	<input type="radio"/>	<input type="radio"/>	School Problems/ Problemas academicas						

Pharmacy of choice _____

Address/Cross Streets _____

Phone Number _____