

**Patient Information- Established Patient- Infant (less than 1 yr)**  
**Información del Paciente**

Patients Name/Nombre de Paciente: \_\_\_\_\_

Date of Birth/Fecha de Nacimiento: \_\_\_\_\_

Primary Care Provider/Doctor Primario: \_\_\_\_\_

**HPI:**

Reason for Cardiology evaluation/ Razón por la Evaluación Cardiaca: \_\_\_\_\_

**PMH:**

Any new **Medical Conditions** since last visit? /Alguna Condiciones Medica desde la ultima visita?:

No       Yes      \_\_\_\_\_

Any new **surgeries** since last visit? / Ha tenido alguna Cirugía(s) desde la ultima visita?

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/desconcido     No immunizations by choice/no vacunas por eleccion     Up to Date/al corriente

**SH/FH: Any changes in Family History since last visit? /Cambios en la historia familiar desde la ultima visita? No, SKIP this Section**

**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 anormalidad 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/Miocardiopatia-Dilatada                                                                         |                                               |
| <input type="radio"/> | <input type="radio"/> | Cardiomyopathy –hypertrophic/Miocardopatia-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 cholesterol                                                                                        |                                               |

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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

Child attends daycare/Atiende a la guardaria  Yes  No

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/Otro

**Diet/ Dieta:** Formula/Formula # \_\_\_\_\_ Oz Every \_\_\_\_\_ hour / \_\_\_\_\_ Onsas \_\_\_\_\_ Por Hora  
Breastmilk/Pecho # \_\_\_\_\_ Oz Every \_\_\_\_\_ hour / \_\_\_\_\_ Onsas \_\_\_\_\_ Por Hora

**ROS – Infant**

|                                       | Y                     | N                     |                                                                 | Y                     | N                     |                                                              | Y                     | N                     |                                                |
|---------------------------------------|-----------------------|-----------------------|-----------------------------------------------------------------|-----------------------|-----------------------|--------------------------------------------------------------|-----------------------|-----------------------|------------------------------------------------|
| <b>General:</b>                       | <input type="radio"/> | <input type="radio"/> | Fatigues Easily/Se fatiga facilmente                            | <input type="radio"/> | <input type="radio"/> | Poor Sleeper/No duema bien                                   | <input type="radio"/> | <input type="radio"/> | Fever/Fiebre                                   |
|                                       | <input type="radio"/> | <input type="radio"/> | Excessive Crying<br>Llora con frecuencia                        | <input type="radio"/> | <input type="radio"/> | Slow Weight Gain<br>Aumento de peso lento                    |                       |                       |                                                |
| <b>Eyes:<br/>Ojos</b>                 | <input type="radio"/> | <input type="radio"/> | Lazy Eye<br>Ojo perezoso                                        | <input type="radio"/> | <input type="radio"/> | Eye Drainage<br>Drenaje del ojo                              | <input type="radio"/> | <input type="radio"/> | Eye Redness<br>Enrojecimiento del ojo          |
| <b>ENT:<br/>Oto riño</b>              | <input type="radio"/> | <input type="radio"/> | Hearing Problems<br>Problemas de audicion                       | <input type="radio"/> | <input type="radio"/> | Nosebleeds<br>Sangrados de Nariz                             | <input type="radio"/> | <input type="radio"/> | Nasal Drainage<br>Drenaje de nariz             |
|                                       | <input type="radio"/> | <input type="radio"/> | Nasal Congestion<br>Cogestion Nasal                             | <input type="radio"/> | <input type="radio"/> | Noisy Breathing<br>Respiracion ruidoso                       | <input type="radio"/> | <input type="radio"/> | Teething<br>Denticion                          |
| <b>Cardio/Vasc:</b>                   | <input type="radio"/> | <input type="radio"/> | Sweating (Feeds/Sleep)<br>Sudoracion con alimentacion o dormido | <input type="radio"/> | <input type="radio"/> | Fast Heartbeat<br>Latido Rapido                              | <input type="radio"/> | <input type="radio"/> | Murmur<br>Soplo o Murmullo                     |
|                                       | <input type="radio"/> | <input type="radio"/> | Irreg. Heartbeat<br>Latido Irregular                            | <input type="radio"/> | <input type="radio"/> | Syncope                                                      | <input type="radio"/> | <input type="radio"/> | Cool Extremeties<br>Extremidades frias         |
|                                       | <input type="radio"/> | <input type="radio"/> | Color Change/Cambio de color                                    |                       |                       |                                                              |                       |                       |                                                |
| <b>Respiratory:<br/>Repiratorio:</b>  | <input type="radio"/> | <input type="radio"/> | Chronic Cough<br>Tos cronico                                    | <input type="radio"/> | <input type="radio"/> | Shortness of breath with Feeds/Falta de aliento con alimento | <input type="radio"/> | <input type="radio"/> | Fast Breathing<br>Respiracion rapido           |
|                                       | <input type="radio"/> | <input type="radio"/> | Wheezing/Silbilancias                                           | <input type="radio"/> | <input type="radio"/> | Frequent Pneumonia/Neumonia frecuente                        |                       |                       |                                                |
| <b>GI:<br/>Gastro:</b>                | <input type="radio"/> | <input type="radio"/> | Diarrhea<br>Diarrea                                             | <input type="radio"/> | <input type="radio"/> | Vomiting<br>Vomito                                           | <input type="radio"/> | <input type="radio"/> | Constipation<br>Estrenimiento                  |
|                                       | <input type="radio"/> | <input type="radio"/> | Blood in Stool<br>Sangre en las feces                           | <input type="radio"/> | <input type="radio"/> | Coughing/Choking with feeds<br>Tos/Asfixia con alimento      | <input type="radio"/> | <input type="radio"/> | Feeding Problems<br>Problemas de alimentacion  |
|                                       | <input type="radio"/> | <input type="radio"/> | Colic/Colico                                                    | <input type="radio"/> | <input type="radio"/> | Jaundice/Ictericia                                           |                       |                       |                                                |
| <b>GU:<br/>Urologia:</b>              | <input type="radio"/> | <input type="radio"/> | Foul Odor in Urine<br>Mal olor en la Orina                      | <input type="radio"/> | <input type="radio"/> | Blood in Urine<br>Sangre en la Orina                         |                       |                       |                                                |
| <b>MSK:</b>                           | <input type="radio"/> | <input type="radio"/> | Swelling hands/feet<br>Hinchazon de las manos o pies            | <input type="radio"/> | <input type="radio"/> | Joint Swelling<br>Hinchazon de los articulaciones            | <input type="radio"/> | <input type="radio"/> | Scoliosis<br>Escoliosis                        |
|                                       | <input type="radio"/> | <input type="radio"/> | Muscle Weakness<br>Debilidad muscular                           | <input type="radio"/> | <input type="radio"/> | Decreased Muscle Tone<br>Diminuido del tono muscular         |                       |                       |                                                |
| <b>Skin:<br/>Derma:</b>               | <input type="radio"/> | <input type="radio"/> | Rash<br>Sarpullido                                              | <input type="radio"/> | <input type="radio"/> | Nail Changes<br>Cambio en las unas                           | <input type="radio"/> | <input type="radio"/> | Cyanosis/Cianosis                              |
|                                       | <input type="radio"/> | <input type="radio"/> | Birthmarks<br>Lunares                                           | <input type="radio"/> | <input type="radio"/> | Hemangiomas<br>Hemangiomas                                   | <input type="radio"/> | <input type="radio"/> | Signs of Eczema<br>Eczema                      |
|                                       | <input type="radio"/> | <input type="radio"/> | PallorPalidez                                                   |                       |                       |                                                              |                       |                       |                                                |
| <b>Neurological:<br/>Neurologico:</b> | <input type="radio"/> | <input type="radio"/> | Seizures<br>Convulsiones                                        | <input type="radio"/> | <input type="radio"/> | Extreme Irritability<br>Irritabilidad extrema                | <input type="radio"/> | <input type="radio"/> | Lethargy<br>Letargo                            |
|                                       | <input type="radio"/> | <input type="radio"/> | Unusual Movements<br>Movimientos Inusuales                      | <input type="radio"/> | <input type="radio"/> | Stopping Breathing<br>Dejar de respirar                      |                       |                       |                                                |
| <b>Endo/Meta:</b>                     | <input type="radio"/> | <input type="radio"/> | Excessive Weight Gain<br>Aumento excesivo                       | <input type="radio"/> | <input type="radio"/> | Abnormal Growth<br>Crecimiento abnormal                      |                       |                       |                                                |
| <b>Hematologic:<br/>Hematologia</b>   | <input type="radio"/> | <input type="radio"/> | Bleeding Problems<br>Problema de sangrado                       | <input type="radio"/> | <input type="radio"/> | Easy Bruising<br>Moretones con facilidad                     | <input type="radio"/> | <input type="radio"/> | Swollen Glands<br>Inflamación de las glándulas |

Pharmacy of choice \_\_\_\_\_

Address/Cross Streets \_\_\_\_\_

Phone Number \_\_\_\_\_