

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

Patients Name/Nombre de Pacient: _____

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 Naido(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/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				
General:	<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 Llora con frecuencia	<input type="radio"/>	<input type="radio"/>	Slow Weight Gain Aumento de peso lento			
Eyes: Ojos	<input type="radio"/>	<input type="radio"/>	Lazy Eye Ojo perezoso	<input type="radio"/>	<input type="radio"/>	Eye Drainage Drenaje del ojo	<input type="radio"/>	<input type="radio"/>	Eye Redness Enrojecimiento del ojo
ENT: Otto riño	<input type="radio"/>	<input type="radio"/>	Hearing Problems Problemas de audicion	<input type="radio"/>	<input type="radio"/>	Nosebleeds Sangrados de Nariz	<input type="radio"/>	<input type="radio"/>	Nasal Drainage Drenaje de nariz
	<input type="radio"/>	<input type="radio"/>	Nasal Congestion Cogestion Nasal	<input type="radio"/>	<input type="radio"/>	Noisy Breathing Respiracion ruidoso	<input type="radio"/>	<input type="radio"/>	Teething Denticion
Cardio/Vasc:	<input type="radio"/>	<input type="radio"/>	Sweating (Feeds/Sleep) Sudoracion con alimentacion o dormido	<input type="radio"/>	<input type="radio"/>	Fast Heartbeat Latido Rapido	<input type="radio"/>	<input type="radio"/>	Murmur Soplo o Murmullo
	<input type="radio"/>	<input type="radio"/>	Irreg. Heartbeat Latido Irregular	<input type="radio"/>	<input type="radio"/>	Syncope	<input type="radio"/>	<input type="radio"/>	Cool Extremeties Extremidades frias
	<input type="radio"/>	<input type="radio"/>	Color Change/Cambio de color						
Respiratory: Repiratorio:	<input type="radio"/>	<input type="radio"/>	Chronic Cough 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 Respiracion rapido
	<input type="radio"/>	<input type="radio"/>	Wheezing/Silbilancias	<input type="radio"/>	<input type="radio"/>	Frequent Pneumonia/Neumonia frecuente			
GI: Gastro:	<input type="radio"/>	<input type="radio"/>	Diarrhea Diarrea	<input type="radio"/>	<input type="radio"/>	Vomiting Vomito	<input type="radio"/>	<input type="radio"/>	Constipation Estrenimiento
	<input type="radio"/>	<input type="radio"/>	Blood in Stool Sangre en las feces	<input type="radio"/>	<input type="radio"/>	Coughing/Choking with feeds Tos/Asfixia con alimento	<input type="radio"/>	<input type="radio"/>	Feeding Problems Problemas de alimentacion
	<input type="radio"/>	<input type="radio"/>	Colic/Colico	<input type="radio"/>	<input type="radio"/>	Jaundice/Ictericia			
GU: Urologia:	<input type="radio"/>	<input type="radio"/>	Foul Odor in Urine Mal olor en la Orina	<input type="radio"/>	<input type="radio"/>	Blood in Urine Sangre en la Orina			
MSK:	<input type="radio"/>	<input type="radio"/>	Swelling hands/feet Hinchazon de las manos o pies	<input type="radio"/>	<input type="radio"/>	Joint Swelling Hinchazon de los articulaciones	<input type="radio"/>	<input type="radio"/>	Scoliosis Escoliosis
	<input type="radio"/>	<input type="radio"/>	Muscle Weakness Debilidad muscular	<input type="radio"/>	<input type="radio"/>	Decreased Muscle Tone Diminuido del tono muscular			
Skin: Derma:	<input type="radio"/>	<input type="radio"/>	Rash Sarpullido	<input type="radio"/>	<input type="radio"/>	Nail Changes Cambio en las unas	<input type="radio"/>	<input type="radio"/>	Cyanosis/Cianosis
	<input type="radio"/>	<input type="radio"/>	Birthmarks Lunares	<input type="radio"/>	<input type="radio"/>	Hemangiomas Hemangiomas	<input type="radio"/>	<input type="radio"/>	Signs of Eczema Eczema
	<input type="radio"/>	<input type="radio"/>	PallorPalidez						
Neurological: Neurologico:	<input type="radio"/>	<input type="radio"/>	Seizures Convulsiones	<input type="radio"/>	<input type="radio"/>	Extreme Irritability Irritabilidad extrema	<input type="radio"/>	<input type="radio"/>	Lethargy Letargo
	<input type="radio"/>	<input type="radio"/>	Unusual Movements Movimientos Inusuales	<input type="radio"/>	<input type="radio"/>	Stopping Breathing Dejar de respirar			
Endo/Meta:	<input type="radio"/>	<input type="radio"/>	Excessive Weight Gain Aumento excesivo	<input type="radio"/>	<input type="radio"/>	Abnormal Growth Crecimiento abnormal			
Hematologic: Hematologia	<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

Pharmacy of choice _____

Address/Cross Streets _____

Phone Number _____