CHILDREN'S NATIONAL MEDICAL CENTER

DIVISION OF PULMONARY & SLEEP MEDICINE

NEW PATIENT EVALUATION

NAME :

Acct # :

DOB :

DOV :

PREGNANCY	☐ Complications during Pregnancy:			
DELIVERY	☐ Full-term ☐ Normal Delivery	☐ Pre-term (weeks:) ☐ C-Section (why:		☐ **Birth Weight:**
POSTNATAL COMPLICATIONS:	☐ CPAP	☐ Intubated	☐ Oxygen	☐ Tracheostomy
☐ **None**	☐ Apnea /Bradycardia	☐ Feeding problems	☐ GE Reflux ☐ IVH / Seizures	☐

PAST MEDICAL HISTORY *(to be filled by Patient/Parents)*			
Respiratory	☐ Chronic Hoarseness	☐ Recurrent Croup	☐ Chronic Cough
	☐ Heavy Snoring / Sleep Apnea	☐ Frequent Ear Infections	☐ Frequent Nose or Throat Infections
	☐ Chronic Bronchitis	☐ Recurrent pneumonia	☐ Recurrent Wheezing / Bronchiolitis
Gastrointestinal	☐ Frequent Choking / Gagging	☐ Spitting-up / Vomiting	☐ Nausea / Heartburn
	☐ Chronic Diarrhea	☐ Chronic Constipation	☐ Failure to Thrive
Cardiac	☐ Congenital Heart Disease	☐ Abnormal Heart Beat	☐ Chest Pain / Syncope
Skeletal	☐ Scoliosis	☐ Rib cage abnormalities	☐
Neurologic	☐ Cerebral Palsy	☐ Seizure Disorder	☐ Muscle Weakness
Skin	☐ Birth Marks	☐ Eczema	☐ Chronic Rashes
Pain	☐ Chronic		

Immunizations: ☐ UTD ☐ PPD (When: Result:) ☐ "Flu" shot ☐ Synagis

Allergies: ☐ **No** ☐ **Yes (what kind):**

HOSPITALIZATIONS (when, where, why):

OPERATIONS (when, what kind):

FAMILY HEALTH HISTORY: Has any close relative (who) any of the following problems ?			
☐ **Asthma**		☐ **Muscle weakness**	
☐ **Cystic Fibrosis** ☐ **Chronic Bronchitis** ☐ **Chronic Sinusitis** ☐ **Joint/Skin problems**		☐ **Sleep Apnea** ☐ **Sickle cell** ☐ **Tuberculosis**	

ENVIRONMENTAL & SOCIAL HISTORY *(to be filled by Patient/Parents)*			
Father's Age & Occupation:		**Mother's Age & Occupation:**	
Number of people living at home:	Adults :	Children:	☐ Nanny / Housekeeper
☐ Smokers at home		☐ Pets at home:	
☐ Day Care (days/wk)	☐ School (grade):	☐ Sports	