

Pediatric Cardiology New Patient Intake Form

Welcome to the Pediatric Cardiology clinic at Mississippi Center for Advanced Medicine! Please fill out the following questionnaire as completely as you can to help us as we evaluate you/your child.

Patient Name _____ Patient age _____

Name of person completing form _____ Relationship to patient _____

Reason for referral to cardiology _____

If there is pain or discomfort, describe how it feels _____

How long ago did the problem start? _____

How frequently is it occurring? _____

How long does it last? _____

What makes it better? _____

What makes it worse? _____

Previous cardiologist visit? (diagnosis/date) _____

Has the patient ever had:

- Chest discomfort/pain/pressure during exercise Yes/No
- Palpitations (fast/extra/skipped heartbeats) Yes/No
- Fainting or loss of consciousness Yes/No
- Unexplained shortness of breath with exercise Yes/No
- Unexplained swelling Yes/No
- Blue/cyanotic appearance Yes/No
- Extreme/progressive exercise intolerance Yes/No

Has the patient ever been diagnosed with:

- An abnormal ECG Yes/No
- Kawasaki disease Yes/No
- A heart murmur Yes/No
- Rheumatic fever Yes/No
- An unexplained seizure disorder Yes/No

Chronic medical conditions _____

Surgeries (place/date/surgeon, if known) _____

Previous hospitalizations/ER visits (diagnosis/date) _____

Birth: Full term? _____ vaginal or c-section? _____ Prenatal problems? _____ NICU stay? _____

Medications: _____

Drug allergies? Yes/No To what? _____ What happens? _____

Who lives at the patient's house? _____

Daycare/grade in school? _____ Activities (sports, dance, etc) _____

Smokers in the home? _____ Number of caffeinated beverages per day? _____

Close family members (biological parents, siblings, half-siblings, aunts, uncles, grandparents, 1st degree cousins) who have a history of:

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|---|--------|--|--------|
| Being born with an abnormal heart/heart problem | Yes/No | Heart surgery | Yes/No |
| Unexpected/unexplained death before age 50y | Yes/No | Enlarged heart or cardiomyopathy | Yes/No |
| Early stroke or heart attack (male<55y, female<65y) | Yes/No | Heart transplant | Yes/No |
| Cardiac resuscitation (CPR, "getting shocked") | Yes/No | Unexplained fainting or seizures | Yes/No |
| High cholesterol (parents or siblings only) | Yes/No | High blood pressure (parents or siblings only) | Yes/No |
| Arrhythmia or abnormal heart rhythm | Yes/No | Pacemaker | Yes/No |

Any of the following syndromes (circle): Long-QT, Short-QT, Brugada, Marfan, Wolff-Parkinson-White (WPW)

Please circle any symptoms the patient is currently experiencing: Fever Unexplained weight loss Chills Fatigue Headache
Vision problems Runny nose Stuffy nose Sore throat Swollen neck glands Vomiting Diarrhea Abdominal pain Decreased appetite
Decreased urine output Wheezing Cough Chest congestion Rapid breathing Skin rash Joint/limb pain Joint swelling Seizures