

Name:		
	Last Name	First Name
MR#: _		
Date: _		

					, Medication, All description in the			
Has the patient ever had any surgery or been hospitalized?			□Y □ N	es	•	•		
Has the patient ever had either general anesthesia or sedation?			□Yes □ No					
Is there a family history of problems with anesthesia?			□Yes □ No					
Is the patient currently taking any medications or drugs (including over-the-counter, prescription, birth					(include dosage)			
control pills)? Does the patient have any al environmental, medication, previous blood transfusion)?		□Yes □ No						
Is the patient up to date with immunizations?			□Y □ N					
FAMILY HISTORY Please indicate if the patient's parents, grandparents, brothers or sisters, have had any of the following conditions:								
Condition		to patient		ondit		Relation to pa		
Birth Defects	Keittion	to patient	_		/Kidney Problems	relation to pe	tticiit .	
Stomach/Intestinal					ng Problems			
Problems				Sickle	/			
	Breathing Problems				Disease			
Hernia	4. 4.1.			THE		0.0		
SOCIAL HISTORY: Patient lives with: Parent/(s) Caregiver Other:						Otner:		
MEDICAL HISTORY Has the patient ever been diagnosed with any of the following? If yes, please check any that apply and explain in the space provided.								
BIRTH HISTORY:		■ Normal		GAS	TROINTESTINAL:		□ Normal	
☐ Normal-full term ☐ Caesarean ☐ Premature		☐ Other/Details:			Diarrhea ☐ Constipation Vomiting ☐ GE Reflux		☐ Other/Details:	
PREMATURITY:		□ Normal			R, NOSE & THROAT:		☐ Normal	
☐ Apnea ☐ Bradycardia	م الم	☐ Other/Details:		□ U	RI (Upper Respiratory Infection)/Cold		☐ Other/Details:	
☐ Intubation☐ ROP(Retinop☐ Mechanical Ventilation	ainy)				oose Teeth Braces Deafness Removable Oral Appliance Blindness			
☐ BPD (Bronchopulmonary Dysp	lasia)			☐ Sr	☐ Snoring ☐ Ear Infection ☐ Nosebleeds			
CARDIAC: ☐ Blood Pressure Problems		☐ Normal			☐ Dysphagia (Difficulty Swallowing) MUSCULOSKELETAL:		☐ Normal	
□ Arrhythmia's (Irregular Heartbeat)		☐ Other/Details:		□М	☐ Muscle Disease ☐ Scoliosis ☐ Arthritis		☐ Other/Details:	
☐ Cardiotoxic Drugs ☐ Palpitations ☐ Congenital Abnormality ☐ Murmurs					□ Fractures □ Muscular Dystrophy □ Neck Pain □ Back Pain □ Hypotonia			
RESPIRATORY:		□ Normal E		BLC	OOD DISORDERS:		□ Normal	
☐ Asthma ☐ TB ☐ Croup ☐ Pneumonia ☐ Bronchitis ☐ Aspiration		☐ Other/Details:			Bleeding Disorder Sickle Cell Disease G6PD Deficiency Prior Transfusion		☐ Other/Details:	
☐ Chronic cough ☐ Tracheostomy				□ Aı	nemia 📮 Lymphoma			
RSV (Respiratory Syncytial Virus)		□ Name of				eeding/Bruising	☐ Normal	
GENITOURINARY: ☐ Kidney Disease					KIN: Rash ☐ Birthmarks ☐ Bruises		☐ Other/Details:	
☐ UTI (Urinary Tract Infection)						☐ Hemangioma		
HEPATIC: ☐ Liver Disease					DOCRINE/METABOLIC: biabetes Inborn Errors of Metabolism		□ Normal □ Other/Details:	
☐ Jaundice (yellow skin) ☐ Hepatitis					nyroid Disorders 📮 Ad	- Other/Details.		
NEUROLOGIC: ☐ Seizures ☐ IVH					YCHOSOCIAL:		□ Normal	
☐ Weakness ☐ Migraines ☐ Epilepsy ☐ Myopathy ☐ Hydrocephalus					Developmental Delay Substance Abuse Learning Disability ADD Autism		☐ Other/Details:	
PAIN: ☐ No ☐ Yes	•			<u> </u>	· ·	•		
Intensity/Location:				I				