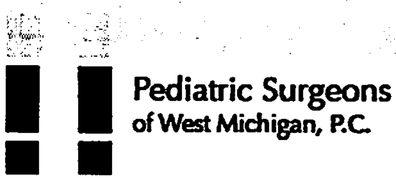

Patient Questionnaire

Patient's Name: ______________________ Date of Birth: ______________

Primary Care Doctor: ______________________ Age: ______________

Why are you here today: ______________________

Specialists my child sees: ______________________

Past Medical History:

ADHD	Yes No	Constipation	Yes No	Liver disease	Yes No
Allergies	Yes No	Diabetes	Yes No	Migraines	Yes No
Anemia	Yes No	Diarrhea	Yes No	MRSA	Yes No
Anxiety	Yes No	GERD	Yes No	Musculoskeletal problem	Yes No
Asthma	Yes No	GI Reflux	Yes No	Rashes/Skin Problem	Yes No
Bleeding Tendency	Yes No	Headaches	Yes No	Seizures	Yes No
Blood Clots	Yes No	Heart problems	Yes No	Sleep Trouble	Yes No
Cancer	Yes No	Hypertension	Yes No	Stomach Problems	Yes No
Claustrophobia	Yes No	Kidney disease	Yes No	Thyroid disease	Yes No

Past Surgical History:

Appendectomy	Yes No	Gastric Fundoplication	Yes No	Lung Surgery	Yes No
Bowel surgery	Yes No	GJ Tube Placement	Yes No	Nissen Fundoplication	Yes No
Chest Surgery	Yes No	G-Tube placement	Yes No	NUSS	Yes No
Circumcision	Yes No	Heart Surgery	Yes No	Orthopedic Surgery	Yes No
Ear tubes	Yes No	Hemorrhoids	Yes No	Pilonidal Cystectomy	Yes No
Esophagus Surgery	Yes No	Hernia repair	Yes No	Testicular Surgery	Yes No
Gall Bladder	Yes No	Laparoscopy	Yes No	Tonsillectomy w/ Adenoi...	Yes No

Recent Hospitalizations:

When	Why

Patient Questionnaire

Family History:

	Anemia	Anesthesia problems	Bleeding problems	Cancer	Diabetes	GERD	Hernia	GI disease / disorder	HIV	Pectus carinatum	Pectus excavatum
Mother											
Father											
Sister											
Brother											
M Grandmother											
M Grandfather											
P Grandmother											
P Grandfather											

Medication History: ***If you have a medication list, please have our staff make a copy.***

Medication	Dose / Strength	How Often?

Allergies: __ **No known allergies**

Yes	No	Allergen / Agent	Reaction
		Latex Allergy	
		Metal Allergy	
		Others:	

Pediatric Surgeons of West Michigan, P.C. Review of Systems: 0-1 year old

Please circle (+) for any symptom that currently applies to your child and (-) for any symptom that currently does not apply to your child.
Please write additional comments regarding (+) responses.

Constitution ☐neg	Eyes ☐ neg	GI ☐neg	Neurological ☐neg
+ Activity Change -	+ Eye Discharge -	+ Reflux -	+ Facial Asymmetry -
+ Appetite Change -	+ Eye Redness -	+ Vomiting -	+ LOC (loss of consciousness) -
+ Crying -	+ Light Sensitivity -	+ Constipation -	+ Seizures -
+ Decreased Responsiveness -	+ Visual Disturbance -	+ Diarrhea -	+ Tremors -
+ Diaphoresis (Sweating) -	Respiratory ☐neg	+ Rectal Bleeding -	Endo/Heme/Allergy ☐neg
+ Fever -	+ Cough -	+ Blood in Stool -	+ Adenopathy (lymph node swelling) -
+ Irritability -	+ Wheezing -	GU ☐neg	+ Bruises/bleeds easily -
+ Sleep problem -	+ Stridor -	+ Hematuria (blood in urine) -	+ Environmental Allergies -
HENT ☐neg	+ Apnea -	+ Urine Decreased -	+ Polydipsia (excessive thirst) -
+ Ear Discharge -	+ Choking -	+ Polyuria (large volumes of urine) -	
+ Nosebleeds -	Cardiovascular ☐ neg	+ Vulvar Irritation -	Skin ☐ neg
+ Congestion -	+ Cyanosis (blue discoloration) -	MS ☐neg	+ Itching -
+ Rhinorrhea(Nasal Drainage) -	+ Fatigue with Feeds -	+ Extremity Weakness -	+ Color Change -
+ Sneezing -	+ Leg Swelling -	+ Joint Swelling -	+ Pallor (pale color) -
+ Drooling -	+ Sweating with Feeds -		+ New Spots -
+ Hoarse Voice -			+ Changed Spots -
+ Trouble Swallowing -			+ Rash -
			+ Wound -

Comments:

Pediatric Surgeons of West Michigan, P.C. — Review of Systems: 1-5 years old

Please circle (+) for any symptom that currently applies to your child and (-) for any symptom that currently does not apply to your child.
Please write additional comments regarding (+) responses.

Constitution ☐ neg	Eyes ☐ neg	GI ☐ neg	MS ☐ neg	Psychiatric ☐ neg
+ Activity Change -	+ Eye Discharge -	+ Reflux -	+ Neck Pain -	+ Agitation -
+ Appetite Change -	+ Eye Itching -	+ Nausea -	+ Back Pain -	+ Behavior Problem -
+ Chills -	+ Eye Pain -	+ Vomiting -	+ Joint Pain -	+ Sleep Disturbance -
+ Crying -	+ Eye Redness -	+ Abdominal Pain -	+ Joint Swelling -	+ Self Injury -
+ Diaphoresis (Sweating) -	+ Light Sensitivity -	+ Constipation -	+ Muscle Pain -	+ Hallucinations -
+ Fatigue -	+ Visual Disturbance -	+ Diarrhea -	+ Gait Problem (abnormal walking) -	+ Hyperactive -
+ Fever -	Respiratory ☐ neg	+ Rectal Pain -	Neurological ☐ neg	Skin ☐ neg
+ Irritability -	+ Cough -	+ Rectal Bleeding -	+ Facial Asymmetry -	+ Itching -
+ Unexpected weight chg -	+ Wheezing -	+ Blood in Stool -	+ Focal Weakness (weakness in certain spot of body) -	+ Color Change -
HENT ☐ neg	+ Shortness of Breath -	GU ☐ neg	+ Speech Difficulty -	+ Pallor (pale color) -
+ Headaches -	+ Stridor -	+ Difficulty Urinating -	+ LOC (loss of consciousness) -	+ New Spots -
+ Ear Discharge -	+ Snoring -	+ Dysuria (Pain when urinating) -	+ Seizures -	+ Changed Spots -
+ Hearing Loss -	+ Apnea -	+ Enuresis (urine accidents) -	+ Tremors -	+ Rash -
+ Ear pain -	+ Choking -	+ Flank Pain -	Endo/Heme/Allergy ☐ neg	+ Wound -
+ Nosebleeds -	Cardiovascular ☐ neg	+ Frequency -	+ Adenopathy (lymph node swelling) -	
+ Congestion -	+ Chest pain -	+ Hematuria (blood in urine) -	+ Bruises/bleeds easily -	
+ Rhinorrhea(Nasal Drainage) -	+ Cyanosis (blue discoloration) -	+ Urgency -	+ Environmental Allergies -	
+ Sneezing -	+ Leg Swelling -	+ Polyuria (large volumes of urine) -	+ Polydipsia (excessive thirst) -	
+ Drooling -		+ Urine Decreased -		
+ Sore Throat -		+ Penile Discharge -		
+ Trouble Swallowing -		+ Testicular Pain -		

Comments:

Pediatric Surgeons of West Michigan, P.C. Review of Systems: 5-13 years old

Please circle (+) for any symptom that currently applies to your child and (-) for any symptom that currently does not apply to your child.
Please write additional comments regarding (+) responses.

Constitution ☐ neg	Eyes ☐ neg	GI ☐ neg	MS ☐ neg	Psychiatric ☐ neg
+ Activity Change -	+ Eye Discharge -	+ Heartburn -	+ Neck Pain -	+ Agitation -
+ Appetite Change -	+ Eye Itching -	+ Nausea -	+ Back Pain -	+ Behavior Problem -
+ Chills -	+ Eye Pain -	+ Vomiting -	+ Joint Pain -	+ Sleep Disturbance -
+ Diaphoresis (Sweating) -	+ Eye Redness -	+ Abdominal Pain -	+ Joint Swelling -	+ Self Injury -
+ Fatigue -	+ Light Sensitivity -	+ Constipation -	+ Muscle Pain -	+ Hallucinations -
+ Fever -	+ Visual Disturbance -	+ Diarrhea -	+ Gait Problem (abnormal walking) -	+ Hyperactive -
+ Irritability -	Respiratory ☐ neg	+ Rectal Pain -	Neurological ☐ neg	Skin ☐ neg
+ Unexpected weight chg -	+ Cough -	+ Rectal Bleeding -	+ Dizziness -	+ Itching -
HENT ☐ neg	+ Wheezing -	+ Blood in Stool -	+ Lightheadedness -	+ Color Change -
+ Headaches -	+ Shortness of Breath -	GU ☐ neg	+ Speech Difficulty -	+ Pallor (pale color) -
+ Ear Discharge -	+ Chest Tightness -	+ Difficulty Urinating -	+ LOC (loss of consciousness) -	+ New Spots -
+ Hearing Loss -	+ Stridor -	+ Dysuria (Pain when urinating) -	+ Seizures -	+ Changed Spots -
+ Tinnitis -	+ Snoring -	+ Enuresis (urine accidents) -	+ Tremors -	+ Rash -
+ Ear pain -	+ Choking -	+ Flank Pain -	+ Numbness/Tingling -	+ Wound -
+ Nosebleeds -	Cardiovascular ☐ neg	+ Frequency -	+ Weakness -	
+ Congestion -	+ Chest pain -	+ Hematuria (blood in urine) -	Endo/Heme/Allergy ☐ neg	
+ Rhinorrhea(Nasal Drainage) -	+ Palpitations(rapid heartbeat)-	+ Urgency -	+ Adenopathy (lymph node swelling) -	
+ Sneezing -	+ Leg Swelling -	+ Polyuria (large volumes of urine) -	+ Bruises/bleeds easily -	
+ Sore Throat -		+ Penile Discharge -	+ Environmental Allergies -	
+ Hoarse Voice -		+ Testicular Pain -	+ Polydipsia (excessive thirst) -	
+ Trouble Swallowing -				

Comments:

Pediatric Surgeons of West Michigan, P.C. Review of Systems: 13+ years old

Please circle (+) for any symptom that currently applies to your child and (-) for any symptom that currently does not apply to your child.
Please write additional comments regarding (+) responses.

Constitution ☐ neg	Eyes ☐ neg	GI ☐ neg	MS ☐ neg	Psychiatric ☐ neg
+ Activity Change -	+ Eye Discharge -	+ Heartburn -	+ Neck Pain -	+ Depression -
+ Appetite Change -	+ Eye Itching -	+ Nausea -	+ Back Pain -	+ Suicidal Ideas -
+ Chills -	+ Eye Pain -	+ Vomiting -	+ Joint Pain -	+ Anxiety -
+ Diaphoresis (Sweating) -	+ Eye Redness -	+ Abdominal Pain -	+ Joint Swelling -	+Hallucinations -
+ Fatigue -	+ Light Sensitivity -	+ Constipation -	+ Muscle Pain -	+ Self-Injury -
+ Fever -	+ Visual Disturbance -	+ Diarrhea -	+ Gait Problem (abnormal walking) -	+ Sleep Disturbance -
+ Unexpected weight chg -	Respiratory ☐ neg	+ Fecal Incontinence -	+ Falls -	+ Hyperactive -
HENT ☐ neg	+ Cough -	+ Rectal Pain -	+ Edema -	+ Behavior Problem -
+ Headaches -	+ Wheezing -	+ Rectal Bleeding -	Neurological ☐ neg	+ Decreased Concentration -
+ Ear Discharge -	+ Shortness of Breath -	GU ☐ neg	+ Dizziness -	Skin ☐ neg
+ Hearing Loss -	+ Chest Tightness -	+ Difficulty Urinating -	+ Lightheadedness -	+ Itching -
+ Tinnitis -	+ Snoring -	+ Dysuria (Pain when urinating) -	+ Speech Difficulty -	+ Color Change -
+ Ear pain -	+ Choking -	+ Incontinence (urinary accidents) -	+ LOC (loss of consciousness) -	+ Pallor (pale color) -
+ Nosebleeds -	+ Sputum Production -	+ Flank Pain -	+ Seizures -	+ New Spots -
+ Congestion -	Cardiovascular ☐ neg	+ Frequency -	+ Tremors -	+ Changed Spots -
+ Rhinorrhea(Nasal Drainage) -	+ Chest pain -	+ Hematuria (blood in urine) -	+ Numbness/Tingling -	+ Rash -
+ Sneezing -	+ Palpitations(rapid heartbeat)-	+ Urgency -	+ Weakness -	+ Wound -
+ Sore Throat -	+ Leg Swelling -	+ Polyuria (large volumes of urine) -	Endo/Heme/Allergy ☐ neg	+ Nail Changes -
+ Hoarse Voice -	+Orthopnea(trouble breathing when lying flat) -	+ Penile Discharge -	+ Adenopathy (lymph node swelling) -	+ Hair Changes -
+ Trouble Swallowing -	+ Claudication (leg cramping with exercise) -	+ Sexual Dysfunction -	+ Bruises/bleeds easily -	
Comments:	+ Leg Swelling -	+ Testicular Pain -	+ Environmental Allergies -	
	+PND (severe shortness of breath/coughing at night) -		+ Polydipsia (excessive thirst) -	