Weill Cornell Medicine
Pediatric Cardiology

NewYork-Presbyterian
Phyllis and David Komansky
Children's Hospital

FOLLOW UP VISIT QUESTIONNAIRE – PEDIATRIC CARDIOLOGY

☐ **Dr. Carroll** ☐ **Dr. Dayton** ☐ **Dr. Flynn** ☐ **Dr. Holzer** ☐ **Dr. Kern** ☐ **Dr. Kourtidou**

Patient Name_____ Date_____

Person Filling out Form: _____ Relationship to Patient: _____

Primary Care Physician: _____

Interval History:

Cardiac:

Since the last visit has there been any new health problems not related to the heart?

_____

Since the last visit have there been any hospitalizations? _____

Have there been any new health problems? _____

Social History: (Skip if patient is < 10 years old)

Does the patient: Drink Alcohol? _____ Use Street Drugs? _____

Smoke Cigarettes> _____ Chew Tobacco? _____

Since the last visit have there been any changes in:

Who lives at home with the patient: _____

School the patient attends (if any): _____

Physical activities in which the patient participates in: _____

Caffeine use by Patient: Never: _____ Sometimes: _____ Frequent: _____

Medications Currently Taking or Prescribed:

Medications: _____ Amount: _____ Times/Daily: _____ Taking: Yes or No

Medications: _____ Amount: _____ Times/Daily: _____ Taking: Yes or No

Medications: _____ Amount: _____ Times/Daily: _____ Taking: Yes or No

Medications: _____ Amount: _____ Times/Daily: _____ Taking: Yes or No

Allergies:

To Medications: _____

Other Allergies: _____

Miscellaneous:

Have there been any other major changes since the last visit? _____