BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

PATIENT IDENTIFICATION AREA

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4

Pediatric Outpatient Self Assessment Form

Date of visit: _____ Age: _____

Patient Name: _____ Date of Birth: _____ / _____ / _____

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Pediatrician Name and Address: _____

Reason for today's visit: _____

Current Medications: _____ (Use reverse for more space)

List all current non-prescribed medications (including homeopathic):

1. _____ 2. _____ 3. _____

Allergies to Medication: ❒ No ❒ Yes If yes, please list: _____

Previous operations and hospitalizations:

	Date	Illness/Surgery	Hospital
1.	_____	_____	_____
2.	_____	_____	_____

(Use reverse for more space)

Any problems with pregnancy or delivery? ❒ No ❒ Yes If yes, please list: _____

Please check if child has had any of the following:

❒ Hearing loss or ringing
❒ Frequent ear infection
❒ Dizziness
❒ Frequent exposure to loud noises
❒ Allergies (environmental)
❒ Recurrent sinus infections
❒ More than 3 sore throats/yr
❒ Snoring or sleep apnea
❒ Hoarseness or laryngitis
❒ Persistent cough
❒ Shortness of breath

Has there been testing for any of the above problems? ❒ No ❒ Yes If yes, what test(s) and when/where were they done?

_____

_____

Please check if child has had any of the following:

❒ Asthma
❒ Bronchitis
❒ Acid reflux
❒ Tuberculosis
❒ Anemia
❒ Bleeding problem
❒ High blood pressure
❒ Heart murmur
❒ Rheumatic fever
❒ Congenital heart disease
❒ Hepatitis
❒ Diabetes
❒ Cancer
❒ Behavioral disorders
❒ Development disorders
❒ Head injury (date_____)
❒ Seizure/fainting spells
❒ Chronic headache/migraines
❒ Depression/Anxiety
❒ History of radiation therapy or exposure

Other, please specify _____

Is there a family history of hearing loss, allergies or bleeding problems? ❒ No ❒ Yes If yes, please CIRCLE appropriate one.

Did you receive a copy of the *"We Care About Your Safety Brochure"*? ❒ No ❒ Yes

Do you understand how to prevent the spread of germs? ❒ No ❒ Yes