**Does your Child have a history of any of the following?**

**● Respiratory Problems:**

Asthma/Reactive Airway Disease: Y / N how often/triggers/last episode

Inhaler use: Y / N which one regular/prn? Last used?

Pneumonia

Bronchitis

Croup

**● Breathing Problems:**

Sleep Apnea

Snoring

Mouth Breathing

CPAP

**● Endocrine:**

Diabetes

Steroid use (past year)

**● Heart Problems:**

Murmurs

Heart Defects

Heart Surgery

Abnormal rhythm/palpitations

Fainting

**● Neurological:**

Behavioral Issues

ADHD Y / N Meds Y / N explain:

Autism Y / N Meds Y / N explain:

Depression

Anxiety disorder

OCD

Severe situational anxiety Y/N Meds Y/N explain:

Seizures

Down’s syndrome or another syndrome

Developmental Delay

**● Allergies: (if yes, explain reaction i.e. hives, rash, nausea etc.)**

Medications list:

Environment

Seasonal

Foods:

**● Medications Taking: (please list name, dosage, and times)**

**● Prior Anesthetics or Surgery: (any problems, please list)**

Nausea/vomiting

Car sickness

Malignant Hyperthermia/High Fever with anesthesia. Family History?

Pseudocholinesterase deficiency/prolonged weakness. Family History?

**● Other info:**

Patient Name: DOB/Age: Weight/Height

Parent Name: Cell#: Date of Surgery: