**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: