Cleft/Craniofacial and Pediatric Plastic Surgery Health Questionnaire

Patient's name: _____ Today's date: _____

Date of birth: _____ Primary care physician: _____

Parent/guardian's name: _____

Reason for today's visit: _____

Drug/Food Allergies/Reactions:

_____
_____
_____

Current Medications: (dose & frequency)

_____
_____
_____

Birth history:

Birth weight: _____ Full term: ☐ Yes ☐ No # of weeks gestation: _____
NICU length of stay: _____ Complications following birth: _____

Past medical history: (please check all that apply)

☐ Asthma
☐ Respiratory problems
☐ Ear infections
☐ Pneumonia
☐ Kidney disease
☐ Thyroid disorder
☐ Bleeding problems
☐ Anesthesia problems
☐ Diarrhea
☐ Constipation
☐ Cleft palate
☐ Pierre Rubin sequence
☐ Weight gain/weight loss
☐ Feeding difficulty
☐ Heart murmur
☐ Cardiac condition
☐ Incontinence
☐ Skin problem/rashes
☐ Staph infection/MRSA
☐ Developmental delay
☐ Speech problems
☐ Seizure/neurologic disorder
☐ Craniosynostosis
☐ Treacher Collins syndrome
☐ Cerebral Palsy
☐ Hydrocele
☐ Hernia
☐ Urinary tract infection
☐ G.I. disease/Crohn's
☐ Undescended testicle
☐ Anemia
☐ Cancer _____
☐ Other _____
☐ Cleft lip
☐ Eye problems
☐ Latex allergy
☐ Hemifacial Microsomia/Goldenhar Syndrome
☐ Limbs, Hands and Fingers problems
☐ Hemangioma/Vascular lesions and Birthmarks
☐ Oronasal fistula or hole in the palate
☐ Snoring and Sleep Apnea

Does your child attend speech therapy? ☐ Yes ☐ No
If so, How often? _____

Hospitalizations:

_____
_____
_____
_____

Surgeries:

_____
_____
_____
_____

Family history: (please specify which family member)

- ☐ High blood pressure_____
- ☐ Diabetes_____
- ☐ Thyroid disorder_____
- ☐ Heart attacks_____
- ☐ Stroke_____
- ☐ Heart disease_____
- ☐ High cholesterol_____
- ☐ Bleeding disorder _____
- ☐ Anesthesia problems_____
- ☐ Cleft Lip and Cleft palate
- ☐ Mental illness_____
- ☐ Birth defects_____
- ☐ Cancer_____
- ☐ Asthma_____
- ☐ Lung disease_____
- ☐ Alcohol/drug abuse_____
- ☐ Muscular disorder_____
- ☐ Developmental delay_____
- ☐ Other_____
- ☐ Craniofacial Differences