Dr. Artur Gevorgyan
Medicine Professional Corporation
Otolaryngologist- Head and Neck Surgeon
Specializing in Rhinology (nose and sinus disorders)
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Paediatric Pre-Consultation Questionnaire

Patient Label

Please, indicate if your child has any of the following problems	**Yes**	**No**	**Comments**
Heart/Circulation:			
Heart murmur/ rheumatic fever			
Shortness of breath with normal daily activity			
Respiratory:			
Asthma / bronchitis			
Productive cough			
Pneumonia			
Sleep apnea			
Blood:			
Reaction to blood transfusion			
At risk for sickle-cell disease (African, Caribbean, Middle East or Eastern Mediterranean origin)			
Thalassemia			
Easy bleeding or bruising or family history of bleeding problems?			
Other:			
Diabetes			
Anemia			
Seizures			
Problems with anesthetic:			
Has your child or any relative had a problem with local/general anesthetic? If yes, describe.			
Pseudocholinesterase Deficiency			
History of malignant hyperthermia (in your child or any relative). If yes, describe.			
Any other diseases?			

Paediatric Pre-Consultation Questionnaire

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Past Surgeries (please list all past surgeries)

Medication taken at home—List all prescriptions, over-the-counter, non-prescriptions, herbal

Allergies	
Check □ No if no known allergies to medications	
Is the patient allergic to latex or rubber? □ Yes □ No	
Medication	**Reaction / Symptoms**

Birth history
Was the pregnancy normal? □ Yes □ No (provide details)
Was birth complicated? □ Yes □ No (provide details)
Are immunizations up-to-date? □ Yes □ No (provide details) □ Never immunized (provide details)

Additional comments regarding any other health problems:

_____
_____
_____
_____
_____

Date: _____

Signature (Parent/Legal Guardian): _____