Pediatric Neurology of Lehigh Valley Boosara Ratanawongsa, MD 961 Marcon Blvd. Suite #452 Allentown, PA 18109 (P) 610-398.9898 (F) 610.398.9899



FOLLOW UP PATIENT INFORMATION QUESTIONNAIRE

<u>Parents/ Guardians:</u> Please help us provide the best possible care for your child by filling out this form.						
Patient Name:	3:					
Last	First	M				
Name of person completing form:		Relation	ship to patient:			
Primary Physician:	Phone:					
Reason for today's visit?						
Current Medications (Feel free to attach a Medication Name Ex: Methylphenidate ER	Dos 10 mg ca	psule	Directions 1 capsule in the AM			
Vitamins/ Supplements:	-					
Drug Allergies/ Adverse Reactions (Please list drug and reaction):						
Food/Seasonal Allergies						
Does you child have an allergy to Latex?	□No □Yes					
Immunizations: □ Up to date □ Up to d deferred If not up to date, please explain:	ate but given o	n delayed sche	edule □ Not up to date/			
Changes in birth, developmental, past me Explain	edical, family o	social history	v since last visit? □No □Yes			
Hospitalizations or surgeries since last vis Explain	sit? □No □Yes					

Review of Symptoms: (Please circle any symptoms your child has exhibited over the past week)

Constitutional	Weight loss/gain (circle which)	Fever	Fatigue	☐ No current concerns Other:		
Ophthalmologic	Visual changes	Eye pain	Blurred vision	☐ No current concerns Other:		
Ears, Nose, Mouth, Throat	Sore throat	Ear infection	Hearing difficulties	☐ No current concerns Other:		
Cardiovascular	Heart racing	Heart skipping beats	Chest pain	☐ No current concerns Other:		
Respiratory	Wheezing	Shortness of breath	Cough	☐ No current concerns Other:		
Gastrointestinal	Nausea/ vomiting	Constipation	Diarrhea	□ No current concerns Other:		
Genitourinary	Bedwetting	Pain urinating	Urinary tract infection	☐ No current concerns Other:		
Musculoskeletal	Muscle pain	Joint pain	Joint swelling	☐ No current concerns Other:		
Integumentary/ Skin	Eczema	Rash	Itchy skin	☐ No current concerns Other:		
Neurological	Headache	Feeling faint	Tics	☐ No current concerns Other:		
Psychiatric	Sadness	Anxiety	Mood swings	☐ No current concerns Other:		
Endocrine	Excessive thirst	Excessive urination	Poor physical growth	☐ No current concerns Other:		
Hematologic/ Lymphatic	Lymph node swelling	Easy bleeding	Easy bruising	☐ No current concerns Other:		
Allergic/ Immunologic	Itchy eyes	Sneezing	Runny nose	☐ No current concerns Other:		
The information above is complete and accurate to the best of my knowledge.						
Parent/ Guardian Sigi	nature	Relationship Date				
The information above has been reviewed and formally discussed in depth with the family.						
Provider Signature Date						