



# Houston Specialty Clinic

Pediatric Neurology | Pediatric Pulmonology | Pediatric and Adult Sleep Medicine

WT: \_\_\_\_\_ HT: \_\_\_\_\_ BP: \_\_\_\_\_ HR: \_\_\_\_\_ HC: \_\_\_\_\_

## New Patient History-Neurology

### Patient Information:

Date:	
Patient's Name:	Date of Birth:
Primary Care Physician:	Physician Office Phone:

**Medical Problems or Concern(s)** Please write a brief description below of the conditions for which you are being see today:

Have you been treated by another provider for the problem(s)/concern(s) detailed above?  Yes  No

Food or Drug Allergies: \_\_\_\_\_

### Current Medications:

Medications	Dosage	How Often

Do you have concerns about any of the following?

- Learning \_\_\_\_\_
- Fine of Gross Motor \_\_\_\_\_
- Language \_\_\_\_\_
- Social \_\_\_\_\_
- School \_\_\_\_\_

### School Accommodations:

- Home Schooling     Special Education     504 Plan     ARD     Other: \_\_\_\_\_

Diet: \_\_\_\_\_

### Sleep

Does your child:

- Snore     Have restless sleep     Daytime fatigue     Insomnia     Fatigue



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 THE OFFICES OF DR. ROTENBERG, DR SUSARLA AND KARA SCHMIDT, PA-C, RD

Have you completed any of the following tests? If so, where?

- MRI \_\_\_\_\_
- EEG or Video EEG \_\_\_\_\_
- Sleep Study (PSG) \_\_\_\_\_
- Genetic tests \_\_\_\_\_

### *For Parents of Young Children and/or Developmental Delay Evaluation*

Pregnancy & Newborn History

How long did you carry your child? \_\_\_\_\_  
 Labor  Spontaneous  Induced  
 Length of Labor \_\_\_\_\_  
 Delivery  Vaginal Forceps used?  YES  NO  
 C-section  
 APGAR Scores

Medications taken in pregnancy (please list)

\_\_\_\_\_

Problems in Pregnancy (please indicate)

- Illness \_\_\_\_\_
- Infection \_\_\_\_\_
- Bleeding \_\_\_\_\_

Growth and Development Milestones

Roll Over:	Sit:	Say first word (not mama/dada):
Toilet Train:	Walk:	Speak in sentences:

### *Family History*

Condition	Biologic Mother	Biologic Father	Child's Siblings	Grandparents
Cancer				
Breathing Problems (Example: asthma, COPD, cystic fibrosis, etc.)				
Heart Problems (Example: murmur, heart disease, hypertension, etc.)				
Kidney Disorders				
Thyroid Disease				
Diabetes				
Bleeding/Clotting Disorder (Example: hemophilia, early stroke, etc.)				
ADHD				
Psychiatric Disorder (Example: bipolar, depression, anxiety)				
Seizure Disorder/Epilepsy				
Genetic Disorder				

How do you hope that we will be able to help your child?

Is there anything else that you would like to tell us that has not already been covered in this questionnaire?

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**Houston Specialty Clinic – Neurology Extended History Form**

**General well being**

- Fever
- Weight Loss/Gain
- Fatigue
- Recurrent Nausea / vomit
- Night sweats

**Neurology / Development**

- Disorientation
- Fainting / blacking out
- Light headedness
- Seizures
- Stroke
- Memory problems
- Concentration problems
- Speech problems
- Facial weakness/ spasms
- Muscle weakness
- Coordination problems
- Uncontrolled shaking
- Headache
- Migraine
- Sleep Walking
- Excess sleepiness
- Developmental Concerns
  - o Motor
  - o Language/Speech
  - o Social

**Psychiatric**

- Anxiety
- Depression
- Manic/Depression
- Schizophrenia
- Considering suicide / homicide
- Panic attacks
- Mood swings
- Emotional difficulties
- Insomnia
- Other psychiatric problems
- Under psychiatric care

**Eyes**

- Wear glasses
- Infections
- Injuries
- Glaucoma
- Cataracts
- Blurred vision
- Trouble focusing

- Recent change in vision

**Ears, Nose, Mouth and Throat**

- Hearing loss
- Ear infection
- Pressure in ears
- Ringing in ears
- Pain in ears
- Balance disturbance
- Dizziness
- Nasal congestion/ drainage
- Nosebleeds
- Sinus problems
- Sinus infections
- Sinus headaches
- Throat infections
- Difficulty swallowing
- Lip or mouth sores
- Sore throats

**Respiratory**

- Chronic cough
- Emphysema
- Bronchitis
- Asthma
- Shortness of breath
- Oxygen use at home
- Pneumonia
- Lung cancer
- Tuberculosis
- Blood in saliva

**Cardiovascular**

- Chest pain
- Heart attack
- High blood pressure
- Low blood pressure
- Irregular heartbeat
- Heart murmur
- Arm and leg swelling
- High cholesterol

**Gastrointestinal**

- Blood in vomit
- Indigestion
- Nausea / vomiting
- Jaundice
- Abdominal pain
- Change in bowel habits
- Ulcers or Gastritis
- Colon, liver, stomach cancer
- Hepatitis

**Hematologic / Blood**

- Anemia
- Hemophilia
- Bleeding / bruising
- Early stroke or clotting

**Genitourinary**

- Urinary tract infection
- Blood in urine
- Difficult/painful urinating
- Incontinence
- Kidney stones
- Cancer

**Endocrine**

- Diabetes
- Hormone problems
- Low blood sugar
- Thyroid disease
- Increased appetite
- Excessive thirst
- Excessive urination
- Temperature intolerance
- Pituitary gland problems
- Bleeding tendencies

**Immunologic**

- Environmental allergies
- Hay fever
- Food allergies
- Immune system problems
- Connective tissue disease
- Frequent colds / infections

**Skin**

- Eczema or psoriasis
- Dermatitis
- Dry or scaling skin
- Rashes
- Changes in skin color
- Changes in moles
- Skin cancer
- Breast pain or swelling

**Musculoskeletal / Orthopedic**

- Broken bones:
- Arm or leg weakness
- Joint pain or swelling
- Back pain
- Arthritis
- Scoliosis

Other: \_\_\_\_\_