



Medical History Form – Pediatric

Patient Name: _____ **Wt:** _____

This form is to be completed and returned to our office at least two days prior to the day of your child's procedure. All information is essential to insure your child's comfort and safety, and will be held in strict confidence. None of this information will be released without written permission from you. If you need additional space for your answers, please use the back of this form.

- 1) Please list all past surgeries and child's age when they were performed.

- 2) Has your child or anyone in your family ever had a problem with an anesthetic?
If so, explain. _____
- 3) Has your child had any allergies, sensitivities, or adverse reactions to any medications?
If so, explain. _____
- 4) List all medications which your child is currently taking. _____

- 5) Does your child have a history of heart problems?
If so, explain. _____
- 6) Has your child ever been diagnosed as having a lung disease (incl. asthma, TB, pneumonia, etc.)?
If so, explain. _____
- 7) Does anyone smoke inside your house? _____
- 8) Has your child had a recent cold or cough? _____
- 9) Does your child have a history of kidney disease?
If so, explain. _____
- 10) Does your child have a history of liver disease (hepatitis, jaundice, etc.)?
If so, explain. _____
- 11) To your knowledge, has your child ever been exposed to the HIV virus? _____
- 12) Does your child have a history of diabetes or hypoglycemia (low blood sugar)?
If so, explain. _____
- 13) Are there any other medical problems which you feel we should know about?
If so, explain. _____

The above questions have been answered fully and to the best of my knowledge.

Signature of parent or guardian: _____



Patient Instruction Sheet - Pediatric

Your child will be receiving intravenous medications during his/her operative procedure. It is therefore very important that you adhere to the following instructions. If there are any questions, please don't hesitate to call for further directions: (316) 788-5939.

- 1) No food for **eight hours** prior to your arrival at the office. Your child may have clear liquids (doesn't include milk) up to **three hours** prior to his/her procedure. **It is essential for your child's safety that you strictly adhere to this policy. To do otherwise can put the child in danger of severe lung damage or death.**
- 2) Dress the child in comfortable clothing , preferably a shirt or blouse with short sleeves. Younger children will occasionally become relaxed enough to lose bladder control. **You may want to consider a diaper, pull-ups, or a change of clothing.**
- 3) Remove fingernail polish from at least one fingernail on each hand.
- 4) Children require extra care during transportation home from their procedure. **It is highly recommended that two adults accompany the child, so the driver does not have to attend to the child in transit.**
- 5) After your child's surgery, wait until the next day before allowing him/her to engage in any activity in which a decrease in alertness, judgement, or coordination could cause a problem.
- 6) After surgery, your child may take pain medication as directed by the surgeon.

I have read the above instructions, they are clear to me, and I agree to comply.

Patient

Signature of patient or responsible party

Please bring this form with you to the surgeon's office on the day of surgery. Your cooperation will enhance the safety of this procedure, and is greatly appreciated.