

# Returning Patient Questionnaire

DUKE CHILDREN'S CARDIOLOGY OF RALEIGH

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If necessary, please update your contact information:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Has your pediatrician or primary care provider changed?  Yes  No

If "yes," please provide name of new provider: \_\_\_\_\_

Please provide name of new practice: \_\_\_\_\_

Has the patient had any new medical problems since the last visit?  Yes  No

If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Has the patient had surgery since the last visit?  Yes  No

If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Has the patient been hospitalized since the last visit?  Yes  No

If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Are the patient's immunizations up-to-date?  Yes  No

Is the patient in daycare?  Yes  No  N/A

If the patient is in school, what grade? \_\_\_\_\_

Does the patient exercise regularly?  Yes  No  N/A

If the patient plays organized sports, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent, guardian or patient (if 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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