

THROAT/PHARYNX /TONSILS/ SNORING

NO YES Does your child usually snore? **If yes, please fill out the snoring/sleep questionnaire AND complete this section.**

NO YES Has your child had frequent sore throats or infections of the throat, pharynx, or tonsils either alone or with nasal URI? **If yes, please complete this section.** How many years has this been a problem? _____

Please give us an idea as to How many infections: In the past year? _____ How many were strep? _____
 the frequency of the infections: In the previous 2 year(s)? _____ How many were strep? _____

If there are strep infections, does the strep resolve? [] Yes [] No [] Sometimes [] Don't know

When do the infections usually occur? (circle 1 or more) Fall Winter Spring Summer All year

Please check the usual signs and symptoms associated with a throat infection:

After medical treatment do these signs and symptoms improve?

- | | | | |
|-----------------------------|---------|--------|---------------|
| [] Sore throat | [] Yes | [] No | [] Sometimes |
| [] Fever (how high? _____) | [] Yes | [] No | [] Sometimes |
| [] Trouble swallowing | [] Yes | [] No | [] Sometimes |
| [] Poor appetite | [] Yes | [] No | [] Sometimes |
| [] Fussy / feels bad | [] Yes | [] No | [] Sometimes |
| [] Neck glands swell | [] Yes | [] No | [] Sometimes |
| [] Pus on tonsils | [] Yes | [] No | [] Sometimes |
| [] Voice change | [] Yes | [] No | [] Sometimes |
| [] Clogged nose, snoring | [] Yes | [] No | [] Sometimes |
| [] Poor sleep | [] Yes | [] No | [] Sometimes |
| [] Other _____ | | | |

Please tell us anything else you think may be related to the problem or helpful for us to know _____

NOSE/SINUS

NO YES Does your child have problems with the nose and/or sinuses?

If yes, please complete this section. How long has this been a problem for your child? _____

How many times has your child been treated for **infection** of the nose or sinuses in the past 12 months? _____

How many times has your child been treated for **nasal congestion or drainage, allergies** in the past 12 months? _____

When do the infections, congestion, etc usually occur? (circle 1 or more) Fall Winter Spring Summer All year

Please check the usual signs and symptoms associated with nasal problems (check all that apply):

After medical treatment do these signs and symptoms improve?

- | | | | |
|--|---------|--------|---------------|
| [] Fever (how high? _____) | [] Yes | [] No | [] Sometimes |
| [] Sleep disturbance | [] Yes | [] No | [] Sometimes |
| [] Nasal congestion | [] Yes | [] No | [] Sometimes |
| [] Runny nose : What color is the drainage? _____ | [] Yes | [] No | [] Sometimes |
| [] Post nasal drip/cough | [] Yes | [] No | [] Sometimes |
| [] Fussy / cranky / personality change | [] Yes | [] No | [] Sometimes |
| [] Change in appetite | [] Yes | [] No | [] Sometimes |
| [] Increased snoring | [] Yes | [] No | [] Sometimes |
| [] Headache/facial pain | [] Yes | [] No | [] Sometimes |
| [] Sore throat | [] Yes | [] No | [] Sometimes |
| [] Nosebleeds | [] Yes | [] No | [] Sometimes |
| [] Other _____ | | | |

What type(s) of medications/therapy is/are typically used to treat the nasal problems? Check all that apply:

- | | |
|--|---|
| [] Prescription nasal spray (i.e. Nasonex, Flonase, Rhinocort, Vancenase, Nasacort, etc.) | [] Singulair |
| [] Antihistamine (i.e. Claritin, loratadine, Zyrtec, etc) | [] Nasal saline (salt water) spray/rinse |
| [] Antihistamine nasal spray (Astelin, Astepro, Patanase, etc) | [] Antibiotics (list) _____ |
| [] Other _____ | |

Has allergy testing been done? [] No [] Yes If yes, when? _____ What kind? [] Blood [] Skin test

Has your child seen an allergist? [] No [] Yes When and who? _____

What were the results? _____

Please tell us anything else you think may be related to the problem or helpful for us to know _____

Patient Name _____ DOB _____ Date _____

Please completely fill out the section if it applies to your child.

STRIDOR/NOISY BREATHING

NO YES Does your child have problems with noisy breathing **other than** snoring, mouthbreathing, nasal congestion?

At what age did the noisy breathing start? _____

Is the noisy breathing: staying the same getting better getting worse? _____

When does the noisy breathing occur? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> While asleep | <input type="checkbox"/> When crying | <input type="checkbox"/> When ill |
| <input type="checkbox"/> When feeding, drinking | <input type="checkbox"/> While lying on back | <input type="checkbox"/> With exercise or exertion |
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Nighttime | <input type="checkbox"/> All the time |
| <input type="checkbox"/> Other _____ | | |

How long do the episodes last? _____

Does your child get short of breath? No Yes If yes, when? _____

Is your child gaining weight as expected? Yes No _____

Tell us about your child's feeding.

Breast fed Bottle fed Both bottle and breast Baby food Table food

How many ounces during bottle feeding? _____

How long does it take for your child to: take a bottle? _____ nurse? _____

How often does your child feed? _____

Does your child spit up frequently? No Yes _____

Has your child been treated for or taken medication for reflux? No Yes _____

Does your child have any birthmarks? No Yes, please describe _____

Please tell us anything else you think may be related to the problem or helpful for us to know _____

RECURRENT CROUP

NO YES Does your child have problems with recurrent croup?

At what age did your child start having episodes of croup? _____

How many episodes of croup has your child had within the past year? _____

When do the episodes usually occur? (circle 1 or more) Fall Winter Spring Summer All year

Have the episodes of croup?: increased in frequency decreased in frequency remained the same

What other symptoms/problems are present when the croup occurs?

- | | | | |
|--|---|--|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Cough | <input type="checkbox"/> Asthma | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Runny nose or congestion, URI | <input type="checkbox"/> Throat infection | <input type="checkbox"/> Ear infection | |
| <input type="checkbox"/> Other _____ | | | |

What do you do to treat the episode of croup? _____

If your child usually has to go to the doctor for the croup, what type of treatment is usually needed (i.e. what medications, breathing treatments, etc.)? _____

How long does the episode usually last? _____

Does your child have problems with?

- | | | |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> vomiting | <input type="checkbox"/> indigestion | <input type="checkbox"/> reflux |
| <input type="checkbox"/> spitting up | <input type="checkbox"/> bad breath | |
| <input type="checkbox"/> heartburn | <input type="checkbox"/> eating or swallowing problems | _____ |

Does your child take any medications for reflux, vomiting, etc? No Yes What and for how long? _____

Please tell us anything else you think may be related to the problem or helpful for us to know _____

(Office use only : Reviewed by _____)

Please completely fill out the section if it applies to your child.

HOARSENESS

NO YES Does your child have problems with hoarseness?

How long has your child had a hoarse/raspy voice? _____

Has the hoarseness? [] gotten worse [] gotten better [] stayed the same

Is the hoarseness? [] constant [] intermittent [] constant but gets worse at times

If the hoarseness is intermittent or worsens at times, what seems to cause the onset or worsening of the hoarseness? _____

What seems to make the hoarseness better? _____

Is or was you child:

A screamer? [] Yes [] No Very talkative? [] Yes [] No A very loud talker? [] Yes [] No

Does your child have problems with?

Vomiting, spitting up, reflux [] No [] Yes Indigestion, heartburn [] No [] Yes

Bad breath [] No [] Yes Eating or swallowing problems [] No [] Yes

Nasal congestion [] No [] Yes

Please tell us anything else you think may be related to the problem or helpful for us to know _____

NOSEBLEEDS

NO YES Does your child have problems with recurrent nosebleeds?

How long has your child had nosebleeds? _____

Is there a history of trauma to the nose? [] No [] Yes, details _____

How often does the nose bleed (how many times a week or month, how many times a day)? _____

Has the frequency of the nosebleeds: [] Stayed the same? [] Become less frequent? [] Become more frequent?

If more frequent, when did the change occur? _____

How long does the nose usually bleed (how many minutes)? _____

Has the severity of the nosebleeds: [] Stayed the same [] Decreased [] Increased _____

If increased, when did the change occur? _____

When does the nose usually bleed? (circle 1 or more) Fall Winter Spring Summer All year

When the nose bleeds: (check all that apply)

[] It drips from the front of the nose [] It mostly drips down the throat into the mouth

[] It usually bleeds from: [] Right side [] Left side [] Both sides

[] It can start while the child is just sitting [] It usually starts after physical activity

[] It may bleed during the night

[] Please tell us anything else about when the nose bleeds _____

Does your child pick their nose? [] No [] Yes

What do you or your child do to stop the bleeding when it occurs (i.e. pinch the nose, use ice, sit down, etc)? _____

Does your child have allergies or a lot of nasal congestion, drainage or nasal infections? [] No [] Yes If yes, please fill out the section for **NOSE/SINUS**.

What have you done to try to prevent the nose from bleeding? Check all that apply.

[] Used an ointment in the nose on a regular basis. How often, what kind and for how long? _____

[] Used a humidifier.

[] Used nasal saline (salt water nasal spray). _____

[] Used prescription nasal spray. Which one(s)? _____

[] Other, please specify. _____

Are there any other bleeding problems (i.e. bleeding disorder, prolonged bleeding from cuts, unusual bleeding during teething, etc.)? [] No [] Yes, specify _____

Please tell us anything else you think may be related to the problem or helpful for us to know _____