

# Sample Patient Intake Form

Please download this sample form for guidance, you will need to fill this form online.

## \*Section 1- Personal information\*

1. Email address
2. Name of Parent / Guardian
3. Mobile Ph. No
4. Child's First Name, Surname.
5. Child's Gender
6. Child's Date of Birth (Month/Day/Year)
7. Child's current height (cm)
8. Child's current weight (kg)

## \*Section 2 -Medical information\*

1. Please select the heart problem/diagnosis the child is born with. Select ALL that apply.
  - Atrial Septal Defect (ASD) – Hole in the heart
  - Ventricular Septal Defect (VSD) - Hole in the heart
  - Transposition of the Great Arteries (TGA) - Main blood vessels going into and out of the heart are not in the correct position
  - Coarctation of the Aorta - Narrowing of the Aorta
  - Heart valve problems :Aortic valve, Mitral valve, Tricuspid valve, and/or Pulmonary valve
  - Patent Ductus Arteriosus (PDA) – a duct outside of the heart failed to close at birth or soon after birth
  - Single Ventricle-Small/underdeveloped heart chamber
  - Multiple heart problems
  - Other: Please explain more, if you have selected the option "other"
  - Don't know
2. Does the patient have any other medical issues, besides a heart problem?
3. What symptoms does your child have? Select ALL that apply.
  - Difficulty in breathing
  - Becomes blue or discolored (lips, tongue, fingers or toes)
  - Does not eat well or not gaining weight
  - Does not sleep well or sleeps more than usual for age
  - Feels like heart is beating too fast
  - Gets tired easily when feeding
  - Gets tired easily when playing or walking or running short distances
  - Feels chest pain
  - Other: Please explain more, if you have selected the option "other"
4. Did your child reach growth milestones on time, eg. rolling over, grasping, sitting up, crawling, vision and hearing? (Yes/No)
5. Who is the patient's current doctor/cardiologist?
6. Current advice from the doctor
7. Please list the current medications

8. What hospital is the patient currently being seen at?
9. Any prior surgeries or interventions- name and when (month/year)
10. **UPLOAD:** Please upload all medical reports here, including, if available –
  - Clinic notes (pediatrician, cardiologist, and any other specialists)
  - Echocardiograms
  - Cardiac Catheterizations
  - X-rays
  - Surgery notes
  - Discharge summary
  - Cardiologist prescription: Upload upto 10 files 10MB
11. **UPLOAD:** Picture of the child

**\*Section 3 \***

1. What is the main question/concern you have regarding patient's health? Select ALL that apply to your child.

- Need second opinion on treatments
- Financial help for treatment/ surgery
- Need more information on the treatment suggested
- Need information on care after surgery
- Other: Please explain more, if you have selected the option "other"