Nemours Children's Clinic – Hematology/Oncology
New Patient Questionnaire

Patient Name: ___________________________ Age _______ Date of Birth: ____________ Sex: _______

Please answer all questions to the best of your ability

Reason for Visit: ______________________________________________________________________

Current or Recent Problems (circle all that apply):
Fever/Sweats/Chills
Poor appetite/Weight concern
Fatigue/Increased sleeping
Runny nose
Congestion
Mouthsores or ulcers
Sore throat
Cough
Difficulty breathing
Chest Pain
Mediport Problems
Abdominal Pain
Nausea/Vomiting
Diarrhea
Constipation
Blood in Stool
Pain with Urination
Blood in Urine
Rashes
Bruising Problems
Bleeding Problems
Enlarged lymph nodes/glands
Back pain
Arm/leg pain
Weakness
Difficulty walking
Vision changes
Headaches

Other concerns: ________________________________________________________________________

Current Medications (include dose and frequency): __________________________________________

__________________________________________________________

Allergies to Medications  None (or) ____________________________________________________
Birth: Term/ Preterm  Gestational Age (if known) ______  Weight ______

Problems at Birth ____________________________

Prior Hospitalizations and/or Surgeries (include year and age)

________________________

________________________

________________________

Current & Prior Health Problems, Major Injuries (include age at diagnosis)

________________________

________________________

________________________

Family Medical Problems

Anemia: ____________________________

Blood Problems: ____________________________

Bleeding: ____________________________

Cancer: ____________________________

Significant Childhood Illnesses: ____________________________

Other Problems: ____________________________

________________________

________________________

Siblings (Include age, sex, and any major health problems)

________________________

________________________

________________________

Daycare or School (and grade): ____________________________

Who lives with the patient: ____________________________

Office Use Only:

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<th>Ht (cm)</th>
<th>Wt (kg)</th>
<th>Temp</th>
<th>HR</th>
<th>BP</th>
<th>RR</th>
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New Rx: ____________________________

F/U: ____________________________