Pectus Excavatum Patient Evaluation

Please take a few minutes to complete the following questions so we may better serve your child.
Please type or print.

Date completed:____________________

Patient's full name ____

Parent's name ____

1. What is the main reason you are seeking medical/surgical evaluation for your child?

   ____

   ____

   ____

2. Is your child's Pectus Excavatum (depression) getting worse?

   Check one: ☐ Yes ☐ No

3. If you answered yes to question 2, over what amount of time have you noticed your child's condition worsen?

   Check one: ☐ Over about six months ☐ One year ☐ Five years

4. How old was your child when you first noticed the depression? ____________________________________

5. What other symptoms have you noticed or has your child complained of? Please check all that apply:

   ☐ Exercise intolerance, i.e., inability to play for prolonged times out of doors or during strenuous activities like sports; inability to keep up with other children of the same age during active play.

   Explain: ____

   ☐ Lack of endurance, i.e. needs to stop for rest or to catch their breath during strenuous activity; unable to continue while others of the same age can.

   Explain: ____

   ☐ Chest pain
   ☐ Shortness of breath
   ☐ Need to change or modify physical activity
   ☐ Prolonged respiratory tract infections
   ☐ Palpitations (i.e., irregular heart beating)
   ☐ Chest pain only when exercising
   ☐ Shortness of breath only when exercising
   ☐ Frequent respiratory tract infections
   ☐ Asthma or asthma like symptoms
   ☐ Scoliosis
   ☐ Other? Explain ____

Please complete the reverse side.

6. Is your child: ☐ Adopted? ☐ Ward of the state?

7. Does your child have an identical twin? ☐Yes ☐ No

8. If so, does your child's identical twin have pectus excavatum ☐Yes ☐ No

Or pectus carinatum? ☐Yes ☐ No

9. Do others in your family, including extended family, have pectus excavatum? ☐Yes ☐ No

If yes, please explain the family relationship:____

10. Do others in your family, including extended family, have pectus carinatum? ☐Yes ☐ No

If yes, please explain the family relationship:____

11. Is there a family history of: Marfan's syndrome? ☐Yes ☐No Ehlers-Danlos syndrome? ☐Yes ☐No

12. Is your child allergic to metal? ☐ Yes ☐ No

If yes, please explain: ____

____

(Examples: skin irritation with jewelry, skin irritation with buttons from clothing, etc)

13. Is there a direct family member that has an allergy to metal? ☐Yes ☐ No

14. Has your child had x-rays taken? ☐ Yes ☐ No

If yes, please send copies of those studies and scans.

15. Has your child had a cardiology (heart) evaluation? ☐ Yes ☐ No

If yes, please send copies of those reports.

16. Has your child had pulmonary function (lung) studies? ☐Yes ☐ No

If yes, please send copies of those reports.