PALF Pediatric Acute Liver Failure

Patient Information Form

Patient ID __ __ - __ ___ __ - __ __ __

Date of evaluation *(mm/dd/yy):* __ /__ /__

Follow-up time-point: ☐ 6 Month ☐12 Month

Section I: Family Information

1. What is your relationship to the child (check one)?

1 ☐ Mother, Step Mother, Foster Mother
2 ☐ Father, Step Father, Foster Father
3 ☐ Grandmother
4 ☐ Grandfather
5 ☐ Guardian
6 ☐ Other _____

2. Information about mother:	3. Information about father:
a. Marital Status: 1 ☐ Single 2 ☐ Married 3 ☐ Separated 4 ☐ Living with someone 5 ☐ Divorced 6 ☐ Widowed	a. Marital Status: 1 ☐ Single 2 ☐ Married 3 ☐ Separated 4 ☐ Living with someone 5 ☐ Divorced 6 ☐ Widowed
b. Highest Level of Education *(check only one)*: 1 ☐ 6th grade or less 2 ☐ 7th-9th grade or less 3 ☐ 9th-12th grade or less 4 ☐ High school graduate 5 ☐ Some college or certification course 6 ☐ College Graduate 7 ☐ Graduate or Professional Degree	b. Highest Level of Education *(check only one)*: 1 ☐ 6th grade or less 2 ☐ 7th-9th grade or less 3 ☐ 9th-12th grade or less 4 ☐ High school graduate 5 ☐ Some college or certification course 6 ☐ College Graduate 7 ☐ Graduate or Professional Degree
c. Occupation/Job Title: _____	c. Occupation/Job Title: _____

4. **Since the last visit,** has your child had a **chronic health condition** (defined as a physical or mental health condition that has lasted or is expected to last at least 6 months, and interferes with your child's activities)?

☐ No
☐ Yes

4.1. If yes, what is the name of your child's chronic health condition? _____

5. **Since the last visit**, has your child had any **EMERGENCY ROOM/URGENT CARE** visits?

☐ No
☐ Yes

5.1. If yes, how many times? _____

5.2. If yes, what was wrong? _____

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Section I: Family Information (continued)

6. In the **past 30 days**,

   6.1. How many days did your child miss from school due to physical or mental health? _____ days ☐ N/A

   6.2. How many days was your child sick in bed or too ill to play? _____ days

   6.3. How many days did your child need someone to care for him/her due to physical or mental health? _____ days

7. If you have worked outside of the home in the **past 30 days**, please answer the following questions:

   7.1. In the **past 30 days**, how many days have you missed from work due to your child's physical or mental health? _____ ☐ Not applicable

   7.2. In the **past 30 days**, has your child's health interfered with…

	Never	Almost Never	Some-times	Often	Almost Always	Not Applicable
a. Your daily routine at work	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	☐
b. Your ability to concentrate at work	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	☐

8. How much of the time is English spoken in the home?

   4 ☐ All of the time (skip to Section II)
   3 ☐ Most of the time
   2 ☐ About half of the time
   1 ☐ Sometimes
   0 ☐ Never

   8.1. What languages, other than English, are spoken in the home?
   ☐ Spanish
   ☐ French
   ☐ Chinese
   ☐ Other, please specify _____

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Section II: Child's Medical History

1. Does your child have a primary care physician (pediatrician or family doctor) who evaluates him/her at yearly (or more often) intervals? ☐ No ☐ Yes

2. How is your child currently covered? (*check one*)

   0 ☐ No coverage 1 ☐ Private Insurance 2 ☐ Medicare/Medicaid/Provincial 3 ☐ Both Private and Public
   4 ☐ Other, specify: _____

3. Has your child participated or used any of the following school services?

   3.1 Participated in a Head Start or Early Intervention Program
   - 0 ☐ No
   - 1 ☐ Yes, before the episode of acute liver failure
   - 2 ☐ Yes, after the episode of acute liver failure
   - 3 ☐ Yes, but not sure when my child has participated/used the service
   - 4 ☐ Not sure if my child has participated/used the service

   3.2 Received special educational or resource educational services as recommended by an IEP
   - 0 ☐ No
   - 1 ☐ Yes, before the episode of acute liver failure
   - 2 ☐ Yes, after the episode of acute liver failure
   - 3 ☐ Yes, but not sure when my child has participated/used the service
   - 4 ☐ Not sure if my child has participated/used the service

   3.3 Received a 504 Plan with accommodations and modifications
   - 0 ☐ No
   - 1 ☐ Yes, before the episode of acute liver failure
   - 2 ☐ Yes, after the episode of acute liver failure
   - 3 ☐ Yes, but not sure when my child has participated/used the service
   - 4 ☐ Not sure if my child has participated/used the service

4. Please mark "No"," Yes" or "Unknown" for each item:

Birth History:	**No**	**Yes**	**Unk**
a. Exposure to illicit drugs or alcohol (**more than** 3 drinks per day) during pregnancy	☐	☐	☐
b. Premature birth (**more than** 3 weeks early, born before reaching 37 weeks gestation)	☐	☐	☐
c. Birth weight **less than** 4 pounds, 6 ounces (2 kg)	☐	☐	☐
d. Fetal distress/breathing problems during delivery that required oxygen	☐	☐	☐
e. Other pregnancy or birth complications	☐	☐	☐

e.1. If yes, please list:_____

_____

Medical History:	**No**	**Yes**
f. Vision problems requiring glasses	☐	☐
g. Hearing problems requiring a hearing aid	☐	☐
h. Lead poisoning requiring medical treatment	☐	☐
i. Head injury requiring hospitalization	☐	☐
j. Stroke or brain hemorrhage	☐	☐
k. Epilepsy/seizure disorder	☐	☐

k.1. If yes, please list any medications child is taking to treat the seizures:

_____

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Medical History (continued):	**No**	**Yes**
l. Respiratory distress requiring oxygen (after the first week of life)	☐	☐
m. Meningitis, encephalitis, or brain abscess	☐	☐
n. Hydrocephalus requiring a shunt	☐	☐
o. Heart disease	☐	☐
p. Cerebral Palsy	☐	☐
q. Diabetes requiring insulin	☐	☐
r. Sickle Cell disease	☐	☐
s. Genetic disorder	☐	☐

s.1. If yes, please specify: _____

5. Has your child been diagnosed or told by a doctor that he/she has Mental Retardation (MR)?

0 ☐ No
1 ☐ Yes, before the episode of acute liver failure
2 ☐ Yes, after the episode of acute liver failure
3 ☐ Yes, not sure when the diagnosis occurred
4 ☐ Not sure if my child has been diagnosed

6. Has your child been diagnosed or told by a doctor that he/she has a Learning Disability (LD)?

0 ☐ No
1 ☐ Yes, before the episode of acute liver failure
2 ☐ Yes, after the episode of acute liver failure
3 ☐ Yes, not sure when the diagnosis occurred
4 ☐ Not sure if my child has been diagnosed

7. Has your child been diagnosed or told by a doctor that he/she has Attention Deficit Hyperactivity Disorder (ADHD) with or without hyperactivity?

0 ☐ No
1 ☐ Yes, before the episode of acute liver failure
2 ☐ Yes, after the episode of acute liver failure
3 ☐ Yes, not sure when the diagnosis occurred
4 ☐ Not sure if my child has been diagnosed

7.1 If yes, please list medications: _____

_____

_____

8. Other medical problems? ☐ Yes ☐ No

8.1. If yes, please specify: _____

_____