

Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Hello,

Thank you for your interest in the Center for Airway Disorders (CAD) at Boston Children's Hospital. In order to better understand your child's needs, and your family's wishes, please complete the following questionnaire in its entirety. We will use this information to create a comprehensive plan of care for your child.

In addition to a complete questionnaire, we ask that you also send the following documents for review:

1. Any relevant medical records
2. All imaging (MRI, X-Ray, CT scan) and their respective reports

These can be sent by e-mail to: airway@childrens.harvard.edu

or by mail to:

Center for Airway Disorders
Department of Otolaryngology and Communication Enhancement
Attn: Amy Kacprowicz/Meaghan Maddock
300 Longwood Avenue, BCH 3129
Boston, MA 02115

After receipt of the aforementioned medical records, and a completed questionnaire, our medical team will begin to review of the provided information. As part of our review, we will always keep in mind varying degrees of medical urgency, in addition to your family's ability to travel to Boston.

We will contact you on a weekly basis to keep you aware of the status of our review. Please feel free to contact us with questions or concerns at any time. Our team can be reached by phone at 617-355-3795 or by e-mail at airway@childrens.harvard.edu

Sincerely,

The Center for Airway Disorders (CAD) Team



Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Demographic Information

Child's First and Last Name: _____

Date of Birth (mm/dd/yyyy): _____

Sex (circle one): M F

Mailing Address:

Email Address(es): _____

Phone Number (s): _____

Name of Parent(s)/Guardian(s):

How were you referred to/ hear about our program?

Are you willing to make multiple trips to Boston, if deemed necessary? Y or N

What are your family's wishes for coming to the Center for Airway Disorders?



Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Insurance/Billing Information

Who is your child's Primary Care Physician? At what location do you see him/her?

Insurance Name and ID:

Who is the subscriber for your insurance?

Who would you like to list as the guarantor?

Does your insurance company allow you to go out-of-network?

Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Medical Information

Please write a brief medical history for your child.

Has your child ever seen an otolaryngologist? Y or N

If yes, who? At what institution?

What did the visit(s) entail?

Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Does your child cough, or choke, while eating or drinking? Y or N

If yes, please explain

Does your child demonstrate any difficult behaviors during mealtimes? Y or N

If yes, please explain

Has your child ever seen a feeding specialist? Y or N

If yes, who? At what institution?

What did the visit(s) entail? Was progress made?

Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Has your child ever had a MBS or FEES? Y or N

If yes, please list date(s) and finding(s) of each study.

1. _____
2. _____
3. _____
4. _____
5. _____

Has your child ever had a direct laryngoscopy/bronchoscopy (DL/B)? Y or N

If yes, please list date(s) and finding(s) of each scope.

1. _____
2. _____
3. _____
4. _____
5. _____

Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Has your child ever been diagnosed with one, or more, of the following diagnoses? Circle yes or no.

Aspiration: Y or N

Dysphagia: Y or N

Feeding Difficulty: Y or N

Laryngeal Cleft: Y or N

If yes, what type: I II III IV

Laryngomalacia: Y or N

Subglottic Hemangioma: Y or N

Subglottic Stenosis: Y or N

Tracheal Rings Y or N

Tracheal Stenosis: Y or N

Tracheomalacia: Y or N

Vocal Cord Paralysis: Y or N

Any other diagnosis: _____

Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Please list any surgeries or procedures your child has had.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Has your child seen a pulmonologist? Y or N

If yes, who? At what institution?

What did the visit(s) entail?

Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Has your child seen a gastroenterologist? Y or N

If yes, who? At what institution?

What did the visit(s) entail?

Has your child seen a neurologist? Y or N

If yes, who? At what institution?

What did the visit(s) entail?



Center for Airway Disorders
300 Longwood Avenue, Boston, MA 02115
617-355-3795 | bostonchildrens.org

Please list any other evaluations your child has had.

Is there anything additional you would like us to know about your child, or your family?
