Pediatric Endocrine Specialists

NEW PATIENT VISIT INTAKE FORM (v06.2013)

First Name: _____ **MI:** _____ **Last Name:** _____ **DOB**: _____

Mother's Name (or Legal Guardian 1): _____

Father's Name (or Legal Guardian 2): _____

REASON FOR YOUR VISIT TODAY:

DIABETES / WEIGHT GAIN

- □ I Have Type 1 Diabetes Mellitus
- □ I Have Type 2 Diabetes Mellitus
- □ I Have Unknown Type Diabetes Mellitus
- □ Elevated Sugars / I Need a Diabetes Evaluation
- □ Elevated Insulin
- □ Obesity or Rapid Weight Gain
- □ Irregular Periods
- □ Excessive Hair / Worsening Acne

OTHER REASONS

- □ Low Thyroid
- □ High Thyroid
- □ Short Stature or Poor Growth
- □ Delayed Puberty
- □ Tall Stature or Rapid Growth
- □ Early Puberty
- □ Adrenal Problem
- □ Pituitary Problem
- □ Rickets / Weak Bones
- □ Excessive Sweating
- □ Excessive Urination
- □ High Blood Pressure
- □ Calcium Imbalance
- □ Electrolyte Imbalance
- □ Low Blood Sugars

□ OTHER: _____

SIGNS AND SYMPTOMS (PLEASE CHECK BOX ONLY IF SYMPTOMS ARE FREQUENT):

- □ Increased Thirst / Urination
- □ Recent Weight Loss
- □ Darkened Skin on Neck
- □ Excessive Hair Growth
- □ Worsening Acne
- □ Fainting Spells
- □ Headaches
- □ Blurred Vision
- □ Fractures
- □ Seizures
- □ Fatigue
- □ Feeling Cold All the Time
- □ Constipation
- □ Dry Skin
- □ Swelling in Neck
- □ Heavier Periods
- □ Poor Appetite
- □ Abdominal Pain or Nausea
- □ Diarrhea
- □ Increased Pigmentation
- □ Salt Craving
- □ Trouble Sleeping
- □ Feeling Hot All the Time
- □ Exercise Intolerance
- □ Tremors / Heart Palpitations
- □ Recent Weight Loss
- □ Missed / Irregular Periods
- □ Weight Gain
- □ Poor Linear Growth
- □ Easy Bruising / Stretch Marks
- □ Weakness

□ Other: _____

□ Birthmarks: _____

□ Rashes: _____

CURRENT MEDICATIONS (INCLUDE OVER THE COUNTER MEDICINES, VITAMINS, & SUPPLEMENTS):

Medication Name	Dose (10 mg, 4 units, 2 puffs, etc.)	Frequency (1 x day, at bedtime, as needed, before meals, etc.)

ALLERGIC TO ANY MEDICATIONS? □ NO □ YES (IF YES, PLEASE LIST ALONG WITH SYMPTOMS OF REACTION):

_____

_____

ADDITIONAL PATIENT HISTORY

BIRTH HISTORY: □ Full Term: _____ weeks □ Preterm: _____ weeks Birth Weight: ____ lbs. ___ oz.

Pregnancy: □ Uncomplicated □ Complicated by: _____

After Delivery: □ Went home with mom □ Stayed in hospital because: _____

□ Jaundice □ Low Blood Sugars as Newborn

OCCUPATION OR GRADE LEVEL OF PATIENT: _____ Attends daycare: □ No □ Yes

School/Daycare Name: _____ County: _____

Nurse or Contact: _____ Phone #: _____

□ **I HAVE DIABETES**: □ Type 1 □ Type 2 □ Unknown Type Date Diagnosed: _____

Treated with (check all that apply): □ Insulin Shots □ Diabetes Pills □ Diet

Last Hemoglobin A_{1C}: _____ %. Date: _____

Hospital visits for Diabetes last 12 months: _____

□ **I HAVE THYROID DISEASE**: Date of Diagnosis: _____ □ Low Thyroid □ High Thyroid

□ **I HAVE CELIAC DISEASE**: Date of Diagnosis: _____

□ **I HAVE BROKE A BONE(S)**: Describe: _____

OTHER HEALTH PROBLEMS: □ ADHD □ Allergies □ Asthma □ Other_____

_____

PAST SURGERIES (List Procedure and Date):

□ Ear Tubes Date: _____

□ Tonsilectomy Date: _____

□ Adenoidectomy Date: _____

□ Other: _____ Date: _____

□ Other: _____ Date: _____

□ Other: _____ Date: _____

OTHER HOSPITALIZATIONS (List Reason and Date):

_____

_____

_____

_____

_____

_____

SOCIAL AND FAMILY HISTORY

BIOLOGICAL PARENTS OF PATIENT:

Mom: Height: _____ ft. _____ inches Age at First Period: _____ years

Family Members on mom's side are: □ Short □ Average Height □ Tall

Dad: Height: _____ ft. _____ inches Sexual Development (Puberty) Occurred: □ Early □ Late □ Normal

Family Members on dad's side are: □ Short □ Average Height □ Tall

WHO LIVES IN THE HOME BESIDES THE PATIENT?

□ Dad □ Mom □ Siblings (list ages): _____

□ Other _____

ARE THERE ANY FAMILY MEMBERS WITH THE FOLLOWING CONDITIONS? (PLEASE CHECK ALL THAT APPLY):

□ **TYPE 1 (JUVENILE) DIABETES**: □ Dad □ Mom □ Brother: _____ □ Sister: _____
Other Family Members: _____

□ **TYPE 2 (ADULT ONSET) DIABETES**: □ Dad □ Mom □ Brother: _____ □ Sister: _____
Other Family Members: _____

□ **LOW FUNCTIONING THYROID**: □ Dad □ Mom □ Brother: _____ □ Sister: _____
Other Family Members: _____

□ **HIGH FUNCTIONING THYROID**: □ Dad □ Mom □ Brother: _____ □ Sister: _____
Other Family Members: _____

□ **CELIAC (GLUTEN ALLERGY)**: □ Dad □ Mom □ Brother: _____ □ Sister: _____
Other Family Members: _____

□ **OTHER (DESCRIBE):** _____

_____

FOR PATIENTS BEING SEEN FOR SHORT STATURE / EARLY OR LATE PUBERTY

□ **VERY SHORT STATURE (MEN < 5'4", WOMEN < 4'11")**: □ Dad's Side of Family □ Mom's Side of Family
Which Family Members: _____

□ **EARLY START OF PUBERTY (GIRLS < 7 YEARS, BOYS < 9 YEARS)**: □ Dad's Side of Family □ Mom's Side of Family
Which Family Members: _____

□ **LATE START OF PUBERTY (GIRLS > 12 YEARS, BOYS > 13 YEARS)**: □ Dad's Side of Family □ Mom's Side of Family
Which Family Members: _____

FOR PATIENTS BEING SEEN FOR DIABETES / RAPID WEIGHT GAIN

□ **HIGH BLOOD PRESSURE**: □ Dad's Side of Family □ Mom's Side of Family
Which Family Members: _____

□ **HIGH CHOLESTEROL**: □ Dad's Side of Family □ Mom's Side of Family
Which Family Members: _____

□ **FAMILY MEMBER WITH HEART ATTACK BEFORE AGE 55 YEARS**: □ Dad's Side of Family □ Mom's Side of Family
Which Family Members: _____