

Department of Pediatrics All Children's Hospital



Welcome!

Your doctor has referred you or your child for evaluation by one or more of our Pediatric Specialists. To make your visit more efficient, **it is very important that we receive relevant medical records before your clinic visit.** Please send or have your referring physician send the following information as soon as possible, if applicable:

- Laboratory reports
- Pathology reports
- X-ray or ultrasound reports
- Allergy tests
- Progress notes/dictations from your other doctors
-

The first visit may be very long, depending on the Specialist you are seeing and the nature of the condition. When you arrive you should sign in at the front desk and let the staff know that you have arrived. The first physician you meet with may be a Resident or Fellow. This is a licensed medical doctor who is training to be a specialist. Please be assured that a specialist will see you or your child during the visit.

For the health and safety of other patients and our staff, we request that NO fragrances (cologne, aftershave, scented lotions or perfumes) be worn when you come for appointments here, as they may cause severe allergic reactions in other patients, staff, or visitors.

Your appointment is scheduled for _____ at _____ .

You will be asked to complete some paper work, so it is best to arrive about 10 minutes before your scheduled appointment time. If you think that you may be late for the appointment or need to reschedule please contact our office ASAP to possibly allow another patient to be seen in your spot. If you are more than 20 minutes late we may have to reschedule your appointment. You or your child may need lab tests or radiology studies prior to the time of this appointment. If this is necessary we will contact you to help make these arrangements.

We look forward to seeing you. If you should have any questions please contact our office between **8 am to 5 pm** at the numbers listed below.

Pediatric Endocrinology and Diabetes: 727-767-4237 Fax: 727-767-4219

Pediatric Nephrology: 727-767-4181 Fax: 727-767-8379

Allergy, Immunology and Rheumatology: 727-767-4150 Fax: 727-767-8532

**PEDIATRIC ENDOCRINOLOGY CLINIC
NEW PATIENT REVIEW OF SYSTEMS**

PLEASE INDICATE IF YOUR CHILD HAS PROBLEMS IN ANY OF THESE AREAS:

General:

energy level
feeling hot or cold all the time
sleeping at night

Skin:

Rashes
dry skin
acne
unwanted hair growth

Musculoskeletal:

joint or muscle pain

CNS:

Headaches
Seizures
poor coordination

Eyes:

visual impairment
wear glasses or contacts

Ear/Nose/Throat:

hearing impairment
frequent ear or sinus infections
dental cavities

Respiratory:

shortness of breath
chronic cough
asthma

Gastrointestinal:

appetite
abdominal pain
diarrhea
constipation

Urinary:

excessive thirst
frequent urination
awakening at night to urinate
accidents

Reproductive endocrine (girls):

irregular menstrual periods

Immune:

allergy to medications
environmental allergies

Hematopoietic:

anemia

INFORMATION ABOUT MOTHER'S PREGNANCY & PATIENT'S BIRTH

Mother's health during pregnancy? _____ Length of pregnancy? _____

Medications? _____

Infectious diseases? _____ X-rays taken _____

Cigarettes? _____ Alcohol? _____ Other drugs? _____

Unusual diet? _____

PATIENT'S BIRTH & MEDICAL HISTORY

Length of Labor? _____ Type of delivery? Vaginal _____ Breech _____ Cesarean _____

Spontaneous _____ Induced _____

Birth Weight _____ Birth Length _____ Condition at Birth _____

Feeding: Formula _____ Breast _____

Eating habits? _____

Past diseases, operations, drugs, hormones, immunizations

Development: (At what age?) head erect _____ sitting _____ standing _____

Walking _____ first words _____ sentences _____ first tooth _____ # of teeth at 1 yr. _____

School: Name _____ Grade _____ General progress _____

**FAMILY MEDICAL HISTORY
(PLEASE PRINT CLEARLY)**

CHILD'S IMMEDIATE FAMILY

	Age	Height	Health/Specific medical problems	Age at onset of puberty
Mother				
Father				
Child's Brother(s)				
Child's Sister(s):				
Weight				

MOTHER'S FAMILY

	Age	Height	Health/Specific medical problems	Age at onset of puberty
Mother's Mother				
Mother's Father				
Mother's Sister(s):				
Mother's Brother(s)				

FATHER'S FAMILY

	Age	Height	Health/Specific medical problems	Age at onset of puberty
Father's Mother				
Father's Father				
Father's Sister(s):				
Father's Brother(s)				

(Reverse side of this page may be used for additional information)

ADDITIONAL FAMILY INFORMATION

Has mother had any miscarriages? Yes _____ No _____ When? _____

In the family, is there any history of: (if so, who?)

Obesity? _____

Diabetes? _____

Thyroid problems? _____

Any unusual sexual development? _____

Any glandular (pituitary, parathyroid adrenal) problems: _____

Miscellaneous comments: _____

FAMILY SOCIAL HISTORY

1. What countries and/or states has the patient lived in? _____

When? _____

2. Father's occupation? _____ Mother's occupation? _____

3. Who lives in household? _____

4. Who provides child care? _____