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**
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

**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

**Ear/Nose/Throat:**
- hearing impairment
- frequent ear or sinus infections
- dental cavities
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

<table>
<thead>
<tr>
<th>Age</th>
<th>Height</th>
<th>Health/Specific medical problems</th>
<th>Age at onset of puberty</th>
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Mother
Father
Child's Brother(s)
Child's Sister(s):
Weight

#### MOTHER'S FAMILY

<table>
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</tbody>
</table>

Mother’s Mother
Mother’s Father
Mother’s Sister(s):
Mother’s Brother(s)

#### FATHER’S FAMILY

<table>
<thead>
<tr>
<th>Age</th>
<th>Height</th>
<th>Health/Specific medical problems</th>
<th>Age at onset of puberty</th>
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</table>

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? ________________________________________________