

# 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
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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

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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? \_\_\_\_\_