Pediatric Endocrine New Patient Evaluation

Name: _____ Date of Birth: _____

Referring Physician: _____

Reason for Visit: _____

_____

_____

_____

Birth History

Pregnancy Complications (check if yes):

- ☐ Gestational Diabetes
- ☐ Pre-term labor
- ☐ High blood pressures
- ☐ Other:
- ☐ Pre-eclampsia/Eclampsia
- ☐ Hormone treatment
- ☐ Intrauterine growth restriction

Delivery (check if yes):

- ☐ Normal vaginal delivery
- ☐ Induced vaginal delivery
- ☐ Other complications:
- ☐ Scheduled C-section
- ☐ Urgent/emergency C-section

Weeks at delivery:_____ Birth Weight: _____ lb. _____oz. Height:_____ inches

After Delivery Complications for baby (check if yes):

- ☐ Low blood sugar
- ☐ Jaundice requiring light therapy
- ☐ Breathing issues
- ☐ Birth defect

Any developmental delays: _____

Medical History

Hospitalizations:_____

Serious Injuries/Surgeries:_____

Medications: _____

_____

Allergies: _____

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Have you had any of these issues recently?

Yes	No		Yes	No		Yes	No	
		Fever			Chest pain			Menstrual cycles
		Weight loss			Racing heart rate			Rash
		Weight gain			Swelling of feet			Darkening of skin
		Fatigue			Vomiting			Voice change
		Always feel hot			Nausea			Bruising/Bleeding
		Always feel cold			Stomach pain			Muscle ache/spasm
		Abnormal sweating			Diarrhea			Joint pains
		Blurry vision			Constipation			Headaches
		Sore throat			Blood in toilet			Numbness
		Congestion			Excessive peeing			Tremor
		Difficulty swallowing			Excessive thirst			Seizures
		Neck/thyroid swelling			Peeing during night			Fainting
		Neck/thyroid pain			Pain with peeing			Insomnia
		Shortness of breath			Bedwetting			Depression
		Cough			Blood in urine			Anxiety

Family History

Mother: Height: _____Age of 1st period: _____

Father: Height: _____ Late Grower? _____

Please list all known health issues (especially thyroid, growth, diabetes issues):

Mother: _____

Father:_____

Sibling #1:_____

Sibling #2:_____

Mom's mom: _____

Mom's dad: _____

Dad's mom: _____

Dad's dad: _____

Other: _____

Social History

Who lives at home? _____

Grade in school: _____ Performance: _____

Activities/Hobbies: _____ Smoke exposure: _____

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