YUMA REGIONAL MEDICAL CENTER

PEDIATRIC ENDOCRINOLOGY NEW PATIENT INFORMATION SHEET

Patient Name ____

DOB ____

Allergies ____

List **all medications** you take, including over-the-counter (OTC) medications and vitamins. Include specific doses and when taken. If you don't know, please call your pharmacist to confirm.

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Personal Medical History: (Please check all that apply)

□ Thyroid disorder	□ Diabetes mellitus	□ High cholesterol	□ Fatty liver
□ Irregular periods	□ Growth disorder	□ Bone disease	□ Pituitary insufficiency
□ Adrenal disorder	□ Asthma	□ Arthritis	□ Seizures
□ Cancer	□ Hearing loss	□ Vision loss	□ Celiac disease
□ Inflammatory bowel disease	□ Bladder or kidney disease	□ ADHD	□ Development or intellectual disorder

Other ____

Surgical History (Please list all prior surgeries and approximate dates performed)

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Birth History

Gestational Age (weeks) __________ □ Full Term □ Preterm

Method: □ Vaginal □ Breech □ C-section Birth Weight ____________ Birth Length _____________

Complications: ____

Medications during pregnancy: ____

Social and Cultural History

Current Living Situation (Check all that apply) ☐ Single Family Household ☐ Multi-generational Household

☐ Other ____

School ____

Grade ____

Family History

Father Age ______ Ht _______ **Mother** Age ______ Ht _______ Age of first menstrual cycle: __________

Siblings ____

Does anyone related to you by blood have the following conditions? (please check all that apply)

	Family Member(s)		**Family Member(s)**
□ Diabetes (type 1 or type 2)	______________________	□ Taking hormone injections	______________________
□ Low thyroid levels	___________________________	□ Autoimmune disease	___________________________
□ High thyroid levels	___________________________	□ High blood pressure	___________________________
□ Thyroid cancer	___________________________	□ High cholesterol	___________________________
□ Adrenal gland problems	_________________________	□ Heart disease	___________________________
□ Fertility problems	___________________________	□ Stroke	___________________________
□ Pituitary gland problems	________________________	□ Other	____