

Boston Children's Health Physicians
Pediatric Endocrinology
Initial Consult

Parent/Patient: Please complete the first 2 pages

Patient Name _____	Date Seen _____
Address _____	DOB _____
City _____ State/Zip _____	Referring Physician _____
Home Phone # _____	Address _____
Cellular Phone # _____	MD Phone # _____
Father's Name _____	Father Occupation/Phone # _____
Mother's Name _____	Mother Occupation/Phone # _____

Why are you bringing your child?

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poor growth | <input type="checkbox"/> Early sexual development |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Excessive Growth | <input type="checkbox"/> Late sexual development |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Lead toxicity | <input type="checkbox"/> Calcium Problems |
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Radiation exposure | <input type="checkbox"/> Abnormal thyroid tests |
| <input type="checkbox"/> Other (describe) _____ | | |
- Duration of problem _____

FAMILY HISTORY

	Age	Height	Weight	Timing of puberty (early, late, average)	Health & Comments
Father					
Mother					
Mother's mother					
Mother's father					
Father's mother					
Father's father					
Siblings					
Siblings					
Siblings					
Siblings					

Please check off the illnesses which relatives (including aunts, uncles, cousins and grandparents) have:

Illness	Relative(s) & Details
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Thyroid Disease	
<input type="checkbox"/> Early Puberty	
<input type="checkbox"/> Late Puberty	
<input type="checkbox"/> Short Stature	
<input type="checkbox"/> Other hormonal diseases	
<input type="checkbox"/> High blood pressure	
<input type="checkbox"/> Bone disease	
<input type="checkbox"/> Liver Disease	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> Kidney Disease	
<input type="checkbox"/> Lung Disease	
<input type="checkbox"/> Heart Disease (<55 years)	
<input type="checkbox"/> Other	