

# General patient data for paediatrics

**Nummer:** PI-00388

Dear parents,  
we (the hormone consultation team for children and adolescents at the MVZ ENDOKRINOLOGICUM BERLIN), would like you to answer the following questions. Thank you.

\_\_\_\_\_  
Surname First name of the child Date of birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone no. (private) and/or mobile No. Phone No. (work) E-Mail

\_\_\_\_\_  
Main insured person Date of birth

\_\_\_\_\_  
Referring pediatrician (address and telephone):

Did birth take place on the previously calculated date? :  yes  no week \_\_\_\_\_

Normal  Caesarean  Other: \_\_\_\_\_

Weight at the time of birth: \_\_\_\_\_ g, Length: \_\_\_\_\_ cm, head circumference: \_\_\_\_\_ cm

Apgar: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specifications in yellow examination booklet 1st page)

Is the child a twin?  yes  no Has it been adopted?  yes  no

Siblings: \_\_\_\_\_

Nationality of the child: \_\_\_\_\_

Nationality of the mother: \_\_\_\_\_ Height of the mother: \_\_\_\_\_ cm

Onset of mother's puberty with: \_\_\_\_\_ years, 1st menstruation of the mother with \_\_\_\_\_ years

Occupation of the mother: \_\_\_\_\_

Nationality of the father: \_\_\_\_\_ Height of the father: \_\_\_\_\_ cm

Onset of father's puberty with: \_\_\_\_\_ years

Occupation of the father: \_\_\_\_\_

Previous serious illnesses of the child: \_\_\_\_\_

Are there chronic illnesses (also grandparents) in the family history

(e.g. diabetes, allergies, cancer)?  yes  no

If so, which ones? : \_\_\_\_\_

Is your child receiving medication?  yes  no

If so, which ones? : \_\_\_\_\_

**Doctolib**

Do you agree to appointment reminders by email + SMS sent via Doctolib?  Ja  Nein

Do you agree to the transmission of documents via Doctolib ?  Ja  Nein

Date: \_\_\_\_\_ signature: \_\_\_\_\_