

Formular

General patient data for paediatrics

Nummer: FO-09247

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

First/last name of the child

Date of birth

Address

Telephone No. private

at work/ mobile

Email address

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? : _____