

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? : _____

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Date: _____ signature: _____