

**Medical Group**

**Pediatric Endocrinology and Diabetes**

**Dr. Bordini New patient Form**

Patient Information		
Patient's Name:		Today's Date:
Patient's age:	Patient's Date of Birth:	Patient's gender:
Relationship of person completing form:		
Age when concern started:	Referred by: <input type="checkbox"/> Physician Name:	
Any tests, labs or x-rays completed related to today's visit? <input type="checkbox"/> yes <input type="checkbox"/> No		
Where were they performed?		When?
Has the child been seen by an endocrinologist previously? <input type="checkbox"/> No <input type="checkbox"/> Yes, When?		
Did your child's primary physician recommend this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Main reason for visit today?		
Parent Guardian Information		
Parent One Name:		Best contact number:
Parent Two Name:		Best contact number:
Home Address:		Home Phone:
City:		Zip Code:
Parent One Occupation:		
Parent Two Occupation:		
Emergency Contact Name:		Best contact number:
Relationship to child:		
Custody		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
If divorced or separated, who has legal custody?		
Are any of the parents restricted (must provide legal paperwork) from being included or provided medical information about the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pediatrician Information		
Physician's Name:		Phone:
Address:		City: Zip code:
Fax if known:		

IF YOUR CHILD HAS A PROBLEM WITH HEIGHT OR WEIGHT, THEN **BRING ALL GROWTH RECORDS** FROM HOME, SCHOOL, AND CHILD'S PHYSICIAN

**Please note:** appointments cancelled and/or rescheduled less than 24 business hours in advance will result in a **\$100.00** charge