



Dr. Andrew Cotterill
PEDIATRIC ENDOCRINOLOGIST

Dr Andrew Cotterill

Taylor Medical Centre
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PATIENT MEDICAL HISTORY & FAMILY MEDICAL HISTORY

Name: Patient Test

Date of Birth: 01/01/00

(If there is insufficient room to write all your information- please attach a clearly written page to this form - it will be scanned into the patient's records for future reference)

When were you first aware of the presenting symptoms:-

Please describe the concerning symptoms:-

.....

.....

Past Medical History:-

.....

.....

Pregnancy :- Normal / Problems - please specify.....

.....

Birth :- Normal / Problems - please specify

.....

Birth Weight :

Length at birth :

Head circumference at birth :-

Any Previous Records of :-

<u>Height</u>	<u>Weight</u>	<u>Date Recorded</u>
<u>Height</u>	<u>Weight</u>	<u>Date Recorded</u>
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Mothers Height:-

Mother's Onset of Puberty : Early / Normal / Late

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Father's Height :-

Father's Onset of Puberty : Early / Normal / Late

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Developmental History:

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Previous Operation History :-

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Other Known Medical Conditions:-

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Current Medication :-

Name..... Dose.....

Name..... Dose.....

Name.....Dose.....

Name.....Dose.....

Any relevant family medical history - parents, grandparents, siblings, etc :-

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