



**Dr. Andrew Cotterill**  
PEDIATRIC ENDOCRINOLOGIST

**Dr Andrew Cotterill**

Taylor Medical Centre  
Suite 10A, 40 Annerley Road  
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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

.....

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:- .....

.....

Current Medication :-

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

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

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

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

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

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