

**Date form filled:**

### **What to bring to the first visit at the Endocrinology, Diabetes or Lipid Clinics**

1. Prior height and weight measurements or copy of child's growth curve (from doctor's office)
2. All lab results in the past year, and earlier labs and records that were important for diagnosis
3. Reports of any x-rays, CT, MRI, or ultrasounds done. For bone-age (x-ray of the hand), please bring the actual x-ray film
4. All the medications taken currently, or within the past year
5. Filled out Family Information Form, per instructions below

**Come FASTING for lipid clinic** (or evaluation of overweight) in **morning**: **No food or drinks (except for water) after last dinner**

**Bring to lipid clinic:**

1. **results of cholesterol plus other lipids** (LDL, HDL, Triglycerides), and TSH done on the child to be seen,
2. **cholesterol labs on parents**, brother/s or sister/s
3. **food diary** for 3 days, detailing the meals at home and school including snacks and drinks for the child.

### **Instructions for the parent or legal guardian filling the CHHC Pediatric Endocrinology/Diabetes Family Information Form**

- By filling out this form, we will get a better idea about the family background, and how it might affect your child's health
- The information provided in this form will be needed at your child's visit, and will remain confidential in your child's medical record.
- Filling out this form ahead of the visit will make the visit more efficient, and will allow you to ask other family members about their medical history, at your leisure. This usually allows for more accurate information. This form can be filled in on your computer, then printed out.
- Please try to obtain complete information, from all family members, on both sides.
- You may want to keep names of brothers or sisters out, but please write down their ages

**More specific instructions on how to fill this form are given below. Leave as blank if you are not sure.**

#### **Instructions for Page 2:**

1. Information is requested about the biological (real) parents, brothers and sisters, as well as step or half-brothers or half-sisters.
2. If the child has been adopted, let the doctor know about it at the visit. Fill out only information known about the real parents
3. Knowing the ethnicity of the parents is VERY IMPORTANT. Certain medical conditions and complications are more common among different ethnic backgrounds. For example, type 2 diabetes is more common among African American adolescents as compared with Caucasians, whereas the opposite is true for type 1 (Juvenile) diabetes. **Fill in all ethnic groups that apply.**

#### **Instructions for page 3 (Mother and her family) and page 4 (Father and his family):**

1. Please check if any of the conditions apply to any of your family members.
2. When we ask "Aunts-how many", we mean how many aunts have that medical conditions, and not how many aunts does the child have
3. If you know the heights or weights of family members, write in 5' 3" for example, or 240 lbs
4. For all questions "taking medications?", please answer below the line, by writing YES or NO, and if known, the name of the medication, for example to lower the blood pressure or cholesterol
5. Bypass surgery (CABG), refers to an open-heart bypass surgery. If a balloon angioplasty done, write Balloon
6. Smoking refers to both past and present

***Thanks a lot for your patience and taking the time to fill this to the best of your knowledge***

Medical Record Label

Father: Last Name First Name DOB (year)

**Father's report** Height: \_\_\_ ft \_\_\_ inches Weight: \_\_\_ Lbs Late bloomer? Yes No

**Father measured in clinic** Height: \_\_\_ cm Weight: \_\_\_ kg (still growing at end of High School or College)

**Father's Ethnicity:** Caucasian(White) Mexican American Hispanic/Spanish-other African American(Black) Filipino

Pacific Islander/Hawaii Chinese Japanese India Asian-other Arab Somalia/Ethiopia Other \_\_\_\_\_

Mother: Last Name Maiden Name First Name DOB (year)

**Mother's report** Height: \_\_\_ ft \_\_\_ inches Weight: \_\_\_ Lbs Late bloomer? Yes No

**Mother measured in clinic** Height: \_\_\_ cm Weight: \_\_\_ kg Age at first period? \_\_\_ years

**Mother's Ethnicity:** Caucasian(White) Mexican American Hispanic/Spanish-other African American(Black) Filipino

Pacific Islander/Hawaii Chinese Japanese India Asian-other Arab Somalia/Ethiopia Other \_\_\_\_\_

**Brothers** (First Name-age) \_\_\_\_\_

**Any health problems?**

**Sisters** (First Name-age) \_\_\_\_\_

**Any health problems?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Half Brothers** (First name-age) \_\_\_\_\_

**Any health problems?**

**Half Sisters** (First Name-age) \_\_\_\_\_

**Any health problems?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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1. \_\_\_\_\_
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- \_\_\_\_\_

## Mother's Family

check if mother is adopted, and fill only Questions 2, 4, and 15

<u>Mark if any History in:</u>	Child's Mother	Child's Grandma	Child's Grandpa	Aunts-how many?	Uncles-how many?	Cousins-how many?	Distant relatives
1. Short ( mark Yes if short )	_____	_____	_____	_____	_____	_____	_____
(note rough height)	_____	_____	_____	_____	_____	_____	_____
2. Overweight or obese ..	_____	_____	_____	_____	_____	_____	_____
3. Had Gastric Bypass ...	_____	_____	_____	_____	_____	_____	_____
4. Diabetes as adults..... taking medication?	_____	_____	_____	_____	_____	_____	_____
5. Diabetes since childhood	_____	_____	_____	_____	_____	_____	_____
6. Diabetes in pregnancy	_____	_____	_____	_____	_____	_____	_____
7. Thyroid problems ...	_____	_____	_____	_____	_____	_____	_____
8. High Blood Pressure taking medication?	_____	_____	_____	_____	_____	_____	_____
9. High cholesterol? taking medication?	_____	_____	_____	_____	_____	_____	_____
10. High Triglycerides? taking medication?	_____	_____	_____	_____	_____	_____	_____
11. Heart attack-age at 1st?	_____	_____	_____	_____	_____	_____	_____
12. Chest pain (angina)-age?	_____	_____	_____	_____	_____	_____	_____
13. Bypass surgery (CABG)-age?	_____	_____	_____	_____	_____	_____	_____
14. Stroke (age) .....	_____	_____	_____	_____	_____	_____	_____
15. Smoking cigarettes	_____	_____	_____	_____	_____	_____	_____
<u>Mark if any History in:</u>	Mother	Grandma	Grandpa	Aunts-how many?	Uncles-how many?	Cousins-how many?	Distant relatives

## Father's Family

check if father is adopted, and fill only Questions 2, 4, and 15

<u>Mark if any History in:</u>	Child's Father	Child's Grandma	Child's Grandpa	Aunts-how many?	Uncles-how many?	Cousins-how many?	Distant relatives
1. Short ( mark Yes if short )	_____	_____	_____	_____	_____	_____	_____
(note rough height)	_____	_____	_____	_____	_____	_____	_____
2. Overweight or obese ..	_____	_____	_____	_____	_____	_____	_____
3. Had Gastric Bypass ...	_____	_____	_____	_____	_____	_____	_____
4. Diabetes as adults..... taking medication?	_____	_____	_____	_____	_____	_____	_____
5. Diabetes since childhood	_____	_____	_____	_____	_____	_____	_____
6. Diabetes in pregnancy	_____	_____	_____	_____	_____	_____	_____
7. Thyroid problems ...	_____	_____	_____	_____	_____	_____	_____
8. High Blood Pressure taking medication?	_____	_____	_____	_____	_____	_____	_____
9. High cholesterol? taking medication?	_____	_____	_____	_____	_____	_____	_____
10. High Triglycerides? taking medication?	_____	_____	_____	_____	_____	_____	_____
11. Heart attack-age at 1st?	_____	_____	_____	_____	_____	_____	_____
12. Chest pain (angina)-age?	_____	_____	_____	_____	_____	_____	_____
13. Bypass surgery (CABG)-age?	_____	_____	_____	_____	_____	_____	_____
15. Stroke (age) .....	_____	_____	_____	_____	_____	_____	_____
15. Smoking cigarettes	_____	_____	_____	_____	_____	_____	_____
<u>Mark if any History in:</u>	Father	Grandma	Grandpa	Aunts-how many?	Uncles-how many?	Cousins-how many?	Distant relatives