



6124 W. Parker Road ☀ Suite 330 ☀ Plano, TX ☀ P: (940) 600-4861 F: (940) 600-4866 ☀ www.pentonline.com

Please complete form thoroughly.

### Patient Intake Form

Date: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB \_\_\_\_\_ Sex  Male  Female

Mother's Name (or Legal Guardian) \_\_\_\_\_

Father's Name (or Legal Guardian) \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Pharmacy and location: \_\_\_\_\_

Preferred lab:  LabCorp  Quest  Other \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Non-Hispanic or Non-Latino

Race:  White  Black or African American  Asian  American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander  Other

#### REASON FOR YOUR VISIT TODAY:

##### DIABETES/ WEIGHT

Type 1 Diabetes

Elevated Insulin

Type 2 Diabetes

Obesity or Rapid Weight Gain

Excessive Weight Loss

Irregular Periods

Elevated sugars/ Diabetes Evaluation

Excessive Hair/ Worsening Acne

##### OTHER REASONS

Hypothyroid (low)

Short Stature or Poor Growth

Tall or Rapid Growth

Hyperthyroid (high)

Delayed Puberty

Early Puberty

Adrenal Problem

Excessive Sweating

Calcium Imbalance

Pituitary Problem

Excessive Urination

Electrolyte Imbalance

Rickets/ Weak Bones

High Blood Pressure

Low Blood Sugars

Other : \_\_\_\_\_

**SIGNS AND SYMPTOMS (PLEASE CHECK ALL THAT APPLY):**

- Increased thirst/ urination
- Fractures
- Constipation
- Fainting Spells
- Dry Skin
- Excessive Hair Growth
- Fatigue
- Worsening acne
- Poor Appetite
- Recent Weight Loss
- Heavier Periods
- Trouble Sleeping
- Headaches
- Seizures
- Recent Weight Loss
- Feeling Cold all the Time
- Salt Craving
- Feeling Hot all the Time
- Darkened Skin on Neck
- Swelling in Neck
- Missed/ Irregular Periods
- Blurred Vision
- Weakness
- Diarrhea
- Abdominal Pain or Nausea
- Exercise Intolerance
- Weight Gain
- Increased Pigmentation
- Racing Heart Rate
- Poor Linear Growth
- Easy Bruising/ Stretch Marks
- Tremors

Other \_\_\_\_\_

Birthmarks \_\_\_\_\_

Rashes \_\_\_\_\_

**SOCIAL AND FAMILY HISTORY**

**BIOLOGICAL PARENTS OF PATIENT:**

MOTHER: Height: \_\_\_\_\_ Ft. \_\_\_\_\_ inches Age of first period: \_\_\_\_\_ Years

Family members on mother's side are:  Short  Average Height  Tall

FATHER: Height: \_\_\_\_\_ Ft. \_\_\_\_\_ inches Age of puberty \_\_\_\_\_ Years

Family members on father's side are:  Short  Average Height  Tall

**PATIENT LIVES WITH?**

Dad  Mom  Brother  Sister  Stepmother  Step father Other \_\_\_\_\_

**PATIENT'S BIRTH HISTORY:**

Pregnancy:  Full Term: \_\_\_\_\_ weeks  Preterm: \_\_\_\_\_ weeks  
 uncomplicated  Complicated by: \_\_\_\_\_

After Delivery:  went home with mom  Stayed in hospital because: \_\_\_\_\_  
 Jaundice  Low blood sugars as Newborn

Birth Weight: \_\_\_\_\_ Lbs. \_\_\_\_\_ oz.

GRADE LEVEL OF PATIENT: \_\_\_\_\_ Attends daycare?  yes  no

School/Daycare Name: \_\_\_\_\_ School District: \_\_\_\_\_

**ARE THERE ANY FAMILY MEMBERS WITH THE FOLLOWING CONDITIONS? (PLEASE CHECK ALL THAT APPLY) Paternal=father's side Maternal=mother's side**

- TYPE 1 (JUVENILE) DIABETES:  Dad  Mom  Brother  Sister  Paternal grandfather  Paternal grandmother  Maternal grandfather  Maternal grandmother Other \_\_\_\_\_
- TYPE 2 (ADULT ONSET):  Dad  Mom  Brother  Sister  Paternal grandfather  Paternal grandmother  Maternal grandfather  Maternal grandmother Other \_\_\_\_\_
- THYROID Disease:  Dad  Mom  Brother  Sister  Paternal grandfather  Paternal grandmother  Maternal grandfather  Maternal grandmother Other \_\_\_\_\_

Autoimmune disease: Dad Mom Brother Sister  Paternal grandfather Paternal grandmother Maternal grandfather  Maternal grandmother Other \_\_\_\_\_

CELIAC (GLUTEN ALLERGY):Dad  Mom  Brother Sister  Paternal grandfather Paternal grandmother Maternal grandfather  Maternal grandmother Other \_\_\_\_\_

**FOR PATIENTS BEING SEEN FOR SHORT STATURE/ EARLY OR LATE PUBERTY**

VERY SHORT STATURE (MEN< 5'4", WOMEN <4'11"): Dad's Side Mom's side

EARLY START OF PUBERTY (GIRLS< 7YRS, BOYS<9 YRS): Dad's Side  Mom's side

LATE START OF PUBERTY (GIRLS> 12 YRS, BOYS >13 YRS): Dad's Side Mom's side

**FOR PATIENTS BEING SEEN FOR DIABETES / RAPID WEIGHT GAIN**

Paternal=father's side Maternal=mother's side

HIGH BLOOD PRESSURE: Dad Mom Paternal grandfather  Paternal grandmother

Maternal grandfather  Maternal grandmother

HIGH CHOLESTEROL: Dad  Mom Paternal grandfather  Paternal grandmother

Maternal grandfather  Maternal grandmother

FAMILY MEMBER WITH HEART ATTACK BEFORE AGE 55:Dad's Side  Mom's Side

**FOR PATIENTS WITH DIABETES**

Type 1  Type 2  Unknown Type Date Diagnosed: \_\_\_\_\_

Treated with (check all that apply):  Insulin Shots  Diabetes Pills  Diet

Last Hemoglobin A1C: \_\_\_\_\_%. Date: \_\_\_\_\_

Hospital Visits for Diabetes last 12 months: \_\_\_\_\_

**CURRENT MEDICATIONS**

Medication Name	Dose (e.g. Mg, units, 2 puffs, etc.)	Frequency (e.g. once a day, at bedtime as needed, before meals, etc.)

**Allergic to any Medications?**  NO  YES (IF yes, please list along with symptoms of reactions: \_\_\_\_\_)

**Other History of Patient:**

THYROID DISEASE: Date of Diagnosis: \_\_\_\_\_  Hypothyroid  Hyperthyroid

CELIAC DISEASE: Date of Diagnosis: \_\_\_\_\_

BROKEN A BONE(S): Describe: \_\_\_\_\_

OTHER HEALTH PROBLEMS:  ADHD  Allergies  Asthma  Other \_\_\_\_\_

PAST SURGERIES (Procedure and Date): OTHER HOSPITALIZATIONS (Reason and Date)

Ear tubes Date: \_\_\_\_\_

Tonsillectomy Date: \_\_\_\_\_

Adenoidectomy Date: \_\_\_\_\_

Other \_\_\_\_\_ Date: \_\_\_\_\_

Other \_\_\_\_\_ Date: \_\_\_\_\_