

Eating Disorder Program/New Patient

Hasbro Children's Hospital

The Pediatric Division of Rhode Island Hospital

Hasbro Adolescent Medicine	Phone: 401-444-4712	Fax: 401-444-6220
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If you have questions, please contact Allison Hall, LICSW at 401-444-0313.

****Please complete this form before arrival*

Patient Information

Name:		Sex:	M	F
Date of Birth:		Age:		
Permanent Address:				
Home Phone:	Cell:	Email:		

Parent/Guardian Contact Information

Name				
Address (check ___ if same as above)				
Home Phone:	Cell:	Email:		
Name:				
Address (check ___ if same as above)				
Phone:	Cell:	Email:		

Past Medical History

	No	Yes (details)
Allergies?		
Previous hospitalizations?		
Previous surgery?		
Problems with pregnancy or delivery of this child?		
Problems with early childhood development?		
Are immunizations up to date?		

Please indicate whether the patient has had any of these conditions and age occurred:

	No	Yes	Age		No	Yes	Age
Arthritis				Migraines			
Asthma/Hay Fever/Allergies				Mono			
Blood Disorders or Anemia				Respiratory Problems			
Cancer				Scoliosis			
Diabetes				Skin Problems			
Epilepsy/Seizures				Stomach Problems			
Fractures				Thyroid Disease			
Heart Disease				Urinary Problems			
Hepatitis				Other			
Mental Health Problems							

Family History (place an “X” in the appropriate box)

	Father	Mother	Paternal grandfather	Paternal grandmother	Maternal grandfather	Maternal grandmother	Sibling Brother (B) Sister (S)
Asthma							
Anemia (severe)							
Cancer							
Diabetes							
Heart Disease							
High Blood Pressure							
High Cholesterol							
Migraines							
Obesity							
Thyroid Disease							
Mental Health Issues							
Other							

Review of Systems (Does the patient have any of these problems/complaints)

	Currently	Within the past 6 months
Cold intolerance		
Dizziness/Blackouts/Fainting		
Weakness, fatigue		
Pallor/Pale skin		
Blue fingers/hands, toes/feet		
Easy bruising/bleeding		
Hair loss		
Dry skin		
Nausea/Vomiting		
Diarrhea		
Constipation		
Stomach fullness, bloating, distention		
Abdominal pain		
Heartburn/Epigastric burning		
Muscle cramps/Joint pain		
Chest pain/Palpitations		
Menstrual irregularities		

Medications (list prescriptions or over the counter medicines)

Provider Information (obtain before appointment)

Pediatrician	
Address	
Phone	
Fax	Email
Therapist	
Address	
Phone	
Fax	Email
Psychiatrist	
Address	
Phone	
Fax	Email
Nutritionist	
Address	
Phone	
Fax	Email
Other Specialist	
Address	
Phone	
Fax	Email