Weill Cornell Medicine
Pediatric Endocrinology

NewYork-Presbyterian
Phyllis and David Komansky
Center for Children's Health
Weill Cornell Medical Center

Weill Cornell Medical Center
New York Presbyterian Hospital
505 E 70th Street 3rd Floor
New York, NY 10021
Phone: 646-962-3442
Fax: 646-962-0265

Zoltan Antal, MD
Director, Pediatric Endocrinology

Oksana Lekarev, DO
Marisa Censani, MD
Alexis Feuer, MD

PEDIATRIC ENDOCRINE FOLLOW UP QUESTIONNAIRE

Please complete this questionnaire. It will be an important part of your child's medical record.

Today's Date: Physician:
Patient Name: DOB:

ALLERGIES

Does your child have any allergies to any medications? ☐ Y ☐ N
If YES, please complete: Name of Medication Symptoms

Does your child have food allergies or allergies to other substances **including latex?** ☐ Y ☐ N
If YES, please complete: Name of food/substance Symptoms

MEDICATIONS

Does your child take any medication on a regular basis? ☐ Y ☐ N
If YES, please complete:

MEDICATION	DOSAGE	START DATE

If your child is taking any medication that RELATES TO THIS VISIT, please make sure we have a completed Pharmacy Intake Form in your child's chart.

SMOKING (for children older than 13 years)
Does your child smoke, to the best of your knowledge? ☐ Y ☐ N
If YES, please complete: How many cigarettes a day? For how long?

Please tell us if you have a change in your contact information:

			Mother	Father	Other
New Home Phone	-	-	☐	☐	☐ -
New Cell Phone	-	-	☐	☐	☐ -
New Work Phone	-	-	☐	☐	☐ -

Name of person completing this questionnaire: Relationship to patient:

Pharmacy Information

So that you and your physician may take advantage of e-prescribing, we need you to provide information on the pharmacy that you choose to use to fill you or your child's prescriptions. Electronic prescription requests are more efficient, accurate and cost effective. Feel free to speak with your physician if you have additional questions.

☐ Update

Date:

Patient Name:

NYH #:

PRIMARY
Pharmacy Name:

Address:

Phone Number:

Fax Number:

SECONDARY (if applicable)
Pharmacy Name:

Address:

Phone Number:

Fax Number:

Thank you for your assistance!