

Hasbro Children's Hospital Eating Disorder Program/New Patient

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 before your visit, please contact Nahdee Sharpe, LCSW at 401-444-5107

****Please complete this form before arrival for your appointment****

Patient Information

Legal Name:	Gender:
Preferred Name (if different from legal name):	
Date of Birth:	Age:
Permanent Address:	
Home phone:	
Cell Phone:	
Email address:	
Preferred method of communication (circle): home phone cell phone e-mail	
Name of school/work (or both):	

Parent/Guardian Contact Information

Name	
Address (check ___ if same as above)	
Home phone:	
Cell Phone:	
Email address:	
Preferred method of communication (circle): home phone cell phone e-mail	
Name:	
Address (check ___ if same as above)	
Home phone:	
Cell Phone:	
Email address:	
Preferred method of communication (circle): home phone cell phone e-mail	

Current Provider Information

Pediatrician/Primary Care Provider:	
Address	
Phone	
Fax	Email
Therapist:	
Address	
Phone	
Fax	Email
Psychiatrist:	
Address	
Phone	
Fax	Email

Dietitian:	
Address	
Phone	
Fax	Email
Other Specialist:	
Address	
Phone	
Fax	Email

Current Medications (prescriptions, supplements, and over the counter medicines)

Medication Name	Dose

Past Medical History

	No	Yes (please explain)
Allergies (medication/food/environmental)		
Past hospitalizations		
Past surgery		
Problems with pregnancy or delivery of this child		
Problems with early childhood development		
Ever had an IEP or 504 plan in school		
Immunizations up to date		

Dietary Information

	Currently	Ever in the past (at what age/for how long)
Vegetarian		
Vegan		
“Picky Eater”		
Other:		

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

	No	Yes	Age		No	Yes	Age
Irritable Bowel Syndrome				Anxiety			
Inflammatory Bowel Disease				Depression			
Celiac Disease				Obsessive/Compulsive Disorder			
Hepatitis/Liver Disease				Bipolar Disorder			
Other gastrointestinal disease				Substance Abuse			
Asthma				Suicidal thoughts/self-harm			
Respiratory problems				Bullying/Being Bullied			
Anemia/Blood Disorder				Trauma (physical or emotional)			
Cancer				Broken Bones/Stress Fracture			
Diabetes				Scoliosis			
Epilepsy/Seizures				Skin Problems			
Thyroid Disease				Overweight/Obesity			
Migraines				Underweight/Failure to Thrive			
Heart Disease				Other:			
Fainting episodes							
Urinary/Kidney problems							

In the last few months, has the patient had any of these problems/complaints?

	Currently	Within the last 6 months
Low energy/fatigue		
Weakness		
Cold intolerance		
Pallor/Pale skin		
Dizziness/Blackouts/Fainting		
Chest pain		
Racing heart		
Difficulty breathing		
Blue fingers/hands, toes/feet		
Easy bruising/bleeding		
Hair loss on head		
Increased body hair (arms, legs, face)		
Dry skin		
Nausea/Vomiting		
Diarrhea		
Constipation		
Stomach fullness, bloating		
Abdominal pain		
Heartburn/reflux		
Muscle cramps/Joint pain		
Menstrual irregularities		
Decreased social engagement		
Using Laxatives/diet pills/diuretics		
Change in physical activity/Exercise		
Other:		

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

	Father	Mother	Paternal grandfather	Paternal grandmother	Maternal grandfather	Maternal grandmother	Sibling Brother (B) Sister (S)
Irritable Bowel Syndrome							
Inflammatory Bowel Disease							
Celiac Disease							
Other gastrointestinal disease							
Osteoporosis							
Anemia (severe)							
Cancer							
Diabetes							
Thyroid Disease							
Heart Disease							
High Blood Pressure							
Urinary/Kidney problems							
Overweight/Obesity							
Underweight							
Eating Disorder							
Depression							
Anxiety							
Obsessive/Compulsive Disorder							
Substance Abuse							
Suicide/Self-harm							
Other (physical or mental health concerns):							
Other:							

Is there anything else you think we should know about your child’s food/nutrition/exercise behavior, or medical/psychiatric history before the appointment?