

For a child coming to our clinic to improve your height

Tokyo Gotokuji Growth Clinic

Name		M · F	Date of Birth	
Address			Tel	

1. Was there any complication during your mother's pregnancy?

Yes () No

2. Fill in the details of your delivery.

Gestational Age ____ weeks ____ days, Birth weight ____ g, Birth length ____ cm

Delivery: cephalic · breech · caesarian section other details ()

Asphyxia: Yes · None

Phototherapy for Jaundice Yes · None

3. Fill in the details of your development.

Neck control ____ months, Sitting ____ months, Cruising ____ months, Walking ____ months

4. Let us know your grades at school.

Academics (good · average · not good), Sports (good · average · not good)

5. Fill in the details of your Past Illnesses.

Name of Disease () ____ y.o. - ____ y.o. Medication ()

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6. Fill in the details of your Life Style. Sleep: ____ hrs, Sports activity ()

7. Fill in the details of your eating habits.

Appetite (not well · enough) Picky eating (Yes · None)

8. Let us know about your family

Father: ____ yrs old, Height ____ cm, Weight ____ kg, Age of maximum Height Gain ____ yrs old

Mother: ____ yrs old, Height ____ cm, Weight ____ kg, Age of initial menstruation ____ yrs old

Siblings

(Elder · Younger) (Brother · Sister): ____ yrs ____ mths, Height ____ cm, Weight ____ kg

(Elder · Younger) (Brother · Sister): ____ yrs ____ mths, Height ____ cm, Weight ____ kg

Your Name _____

Fill in the history of your growth including your age, date, height and body weight

[illegible]