



**WELLNESS CENTER
A. GEDISSMAN, M.D.**

A **pediatrician** directed health, nutrition and fitness program to manage weight and to promote **healthy, lean and active youth**

Name

Age and Date of Birth

Name of Parent or Guardian

Home address

City, Postal Code

Telephone Number

Email address

Type of Insurance

Date of Most Recent Visit: _____

Weight: _____ **Height:** _____ **BMI%** _____

Latest BP Measure: _____

Medical/psychological problems: _____

Medications: _____

Please include diagnostic impression

1. _____
2. _____
3. _____
4. _____

Family History:

Diabetes	Y	N
Hypertension	Y	N
Heart Disease	Y	N
High Cholesterol	Y	N
Skin problems	Y	N
Depression	Y	N
Other	Y	N

**SCHOOL OR CLINIC
INFORMATION**

Address _____

Phone number _____

FAX number _____

Email address _____

Name (Please Print)	Title (R.N./Teacher)	Email address	Signature
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