## **PEDIATRIC INTAKE & HISTORY**



PATIENT INFORMAT	TION				
Patient Name	Patient Name		Mother's Name		
Address		Mother's Oc	Mother's Occupation		
City Prov Postal Code		Mother's Ph	one		
Home Phone		Mother's Em	ail		
Cell Phone					
Email		Father's Nan	ne		
Sex □ M □ F Age _	Birthday	Father's Occ	cupation		
IN CASE OF EMERGENCY, CO	ONTACT	Father's Pho	ne		
Name		Father's Ema	Father's Email		
Relationship		Who may w	Who may we thank for referring you?		
Contact Number					
HOW CAN WE HEL	P YOUR CHILD?	?			
☐ Wellness Checkup ☐ Othe	er:				
If your child is already experience	sing a symptom, please de	ascriba it:		_	
II your crillo is already experienc	ong a symptom, piease de	escribe it.			
Has your child been treated on a	an emergency basis?	Yes □ No			
Please describe:					
PREGNANCY HISTO	) DV				
PREGNANCI HISTO	JN I				
Did you experience any complic	cations during your pregna				
	Gestational Diabetes	☐ Pre/Eclampsia	☐ Strep B	■ Nauseau/Vomitting	
□ Pre-Term □	Fatigue	☐ Swelling	☐ Other (please describe)		
BIRTH HISTORY					
Type of birth (check all that appl	ly):				
☐ Hospital ☐	Birth Center	☐ Home	■ Normal / Vaginal	☐ Breech	
☐ Cesarean ☐	Scheduled/Induced	☐ Epidural			
Problems during labor / delivery	?				
	Congenital Anomalies	☐ Failure to Thrive	☐ Jaundice	■ Meconium	
☐ Respiratory Distress ☐	Extended Hospitalization	□ Other			

Respond to sound:   Crawl:	nfant feeding:	east 🗆 Bottle 🗅 F	ormula		
Respond to sound:   Crawl:	Number of hours of sleep $\epsilon$	each night:	Quality of slee	p:	
CHILDHOOD DISEASES, ILLNESSES & VACCINATIONS    Alas your child had (check all that apply)?:   Chicken Pox	At what age did the child:				
Mumps	Respond to sound:	Craw	d:	Hold head up:	
Has your child had (check all that apply)?:    Chicken Pox	Stand: Sit un		nsupported:	Walk unsupported:	
Has your child had (check all that apply)?:    Chicken Pox					
Chicken Pox		<u> </u>	SES & VACCINATIO	ONS	
Mumps			D. Dubaala		
Has your child ever suffered from (check all that apply)?:    Allergies					
Allergies	□ Mumps	☐ Rubella	→ Pertussis/Whooping Cough		
Anemia	Has your child ever suffere	ed from (check all that apply)?	:		
Armema	☐ Allergies	☐ Broken Bones		☐ Hypertension	☐ Orthopedic Problems
Arm Problems	☐ Anemia	☐ Chronic Ear Aches	(constipation/diarrhea)		☐ Paralysis
Back Aches   Convulsions/Seizures   Headaches   Leg Problems   Sinus Trouble   Bed Wetting   Delayed Speech   Heart Trouble   Neck Problems   Tuberculosis   Walking Problems   Behavioral Problems   Diabetes   Hyperactivity   Neuritis   Walking Problems   Walking Problems   No   Yes   As schedule   Delayed Schedule   Walking Problems   ALLERGIES, MEDICATIONS, SURGERIES & FAMILY HISTORY    ALLERGIES (list)   MEDICATIONS, SURGERIES & FAMILY HISTORY    SURGERIES (list)   FAMILY HISTORY (list)    SURGERIES (list)   FAMILY HISTORY (list)    SURGERIES (list)   FAMILY HISTORY (list)    Behavioral Problems   Number of pregnancies:    Children's 'Ages:   Are you currently pregnant?   No   Yes, I'm due:    Health concerns regarding this pregnancy?    Orization for Care of Minor	☐ Arm Problems	☐ Colds/Flu	☐ Dizziness	Rheumatroid Arthritis	□ Poor Appetite
Bed Wetting   Delayed Speech   Heart Trouble   Neck Problems   Tuberculosis   Behavioral Problems   Diabetes   Hyperactivity   Neuritis   Walking Problems   Walking Problems   Neuritis   Neuritis   Neuritis   Neuritis   Walking Problems   Neuritis   Neu	☐ Asthma	☐ Colic	☐ Fainting	☐ Joint Problems	☐ Ruptures/Hernias
Behavioral Problems Diabetes Diabetes Diabetes Delayed Schedule  Have you vaccinated your child? No Yes As scheduled Delayed Schedule  ALLERGIES, MEDICATIONS, SURGERIES & FAMILY HISTORY  ALLERGIES (list) MEDICATIONS (list)  SURGERIES (list) FAMILY HISTORY (list)  SURGERIES (list) FAMILY HISTORY (list)  SIBLINGS  How many children do you have? Number of pregnancies: Children's' Ages: Are you currently pregnant? No Yes, I'm due: Health concerns regarding this pregnancy?	☐ Back Aches	☐ Convulsions/Seizures	☐ Headaches	☐ Leg Problems	☐ Sinus Trouble
Have you vaccinated your child?  No	■ Bed Wetting	☐ Delayed Speech	☐ Heart Trouble	□ Neck Problems	☐ Tuberculosis
Have you vaccinated your child?  No Yes As scheduled Delayed Schedule  ALLERGIES, MEDICATIONS, SURGERIES & FAMILY HISTORY  ALLERGIES (list) MEDICATIONS (list)  SURGERIES (list) FAMILY HISTORY (list)  SIBLINGS  How many children do you have?  Children's 'Ages:  Children's health concerns:  Health concerns regarding this pregnancy?  Orization for Care of Minor	☐ Behavioral Problems	☐ Diabetes	☐ Hyperactivity	☐ Neuritis	■ Walking Problems
SURGERIES (list)  FAMILY HISTORY (list)  SIBLINGS  How many children do you have?  Children's' Ages:  Childrens' health concerns:  Drization for Care of Minor					
SIBLINGS  How many children do you have? Number of pregnancies: Children's' Ages: Are you currently pregnant? No Yes, I'm due: Childrens' health concerns: Health concerns regarding this pregnancy? orization for Care of Minor	ALLERGIES, ME	EDICATIONS, SUR	GERIES & FAMILY	HISTORY	
How many children do you have?  Children's' Ages:  Childrens' health concerns:  Health concerns regarding this pregnancy?  Are you currently pregnant?  Health concerns regarding this pregnancy?		EDICATIONS, SUR			
How many children do you have?  Children's' Ages:  Childrens' health concerns:  Health concerns regarding this pregnancy?  Are you currently pregnant?  Health concerns regarding this pregnancy?	ALLERGIES (list)	EDICATIONS, SUR	MEDICATION	NS (list)	
Children's' Ages: Are you currently pregnant? □ No □ Yes, I'm due:	ALLERGIES (list) SURGERIES (list)	EDICATIONS, SUR	MEDICATION	NS (list)	
Childrens' health concerns:  Health concerns regarding this pregnancy?  Health concerns regarding this pregnancy?	ALLERGIES (list)  SURGERIES (list)  SIBLINGS		MEDICATION  FAMILY HIST	NS (list)	
orization for Care of Minor	ALLERGIES (list)  SURGERIES (list)  SIBLINGS  How many children do you	ı have?	FAMILY HIST	NS (list)  TORY (list)  regnancies:	
	ALLERGIES (list)  SURGERIES (list)  SIBLINGS  How many children do you Children's' Ages:	ı have?	MEDICATION  FAMILY HIST  Number of property of property and currents are you currents.	regnancies:	Yes, I'm due:
eby authorize this clinic and its doctor(s) to administer care as they so deem necessary to my son/daughter/ward.	ALLERGIES (list)  SURGERIES (list)  SIBLINGS  How many children do you Children's' Ages:	ı have?	MEDICATION  FAMILY HIST  Number of property of property and currents are you currents.	regnancies:	Yes, I'm due:
	SIBLINGS  How many children do you Children's' Ages: Childrens' health concerns	u have?	MEDICATION  FAMILY HIST  Number of price and the concern of the co	regnancies:  ently pregnant?  No  erns regarding this pregnance	Yes, I'm due:
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