PEDIATRIC INTAKE & HISTORY



PATIENT INFOR	MATION				
Patient Name		Mother's I	Name		
Address	Address		Mother's Occupation		
City Prov Postal Code		Mother's I	Mother's Phone		
Home Phone		Mother's I	Email		
Cell Phone					
Email		Father's N	lame		
Sex □ M □ F Aç	ge Birthday	Father's C	Occupation		
IN CASE OF EMERGENC	•		hone		
Name		Father's E	Father's Email		
Relationship	Relationship Who may we thank for referring you?		?		
Contact Number	Contact Number				
HOW CAN WE H	ELP YOUR CHILD	?			
☐ Wellness Checkup ☐	Other:				
If your child is already expe	eriencing a symptom, please d	escribe it:		_	
Has your child been treated	d on an emergency basis?	Yes ☐ No			
Please describe:					
PREGNANCY HI	STORY				
Did you experience any co	mplications during your pregna	ancy? (check all that apply)			
■ Back/Other Pain	☐ Gestational Diabetes	☐ Pre/Eclampsia	☐ Strep B	■ Nauseau/Vomitting	
☐ Pre-Term	☐ Fatigue	☐ Swelling	☐ Other (please describe	e)	
BIRTH HISTORY	,				
Type of birth (check all that	t apply):				
☐ Hospital	☐ Birth Center	☐ Home	□ Normal / Vaginal	☐ Breech	
☐ Cesarean	□ Scheduled/Induced	☐ Epidural			
	livery?	•			
☐ Antibiotics	☐ Congenital Anomalies	☐ Failure to Thrive	☐ Jaundice	☐ Meconium	
☐ Respiratory Distress	☐ Extended Hospitalization				

Respond to sound: Crawl:	nfant feeding:	east 🗆 Bottle 🗅 F	ormula			
Respond to sound: Crawl:	Number of hours of sleep ϵ	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:	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:	
	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:	