

*Dr. James Casper*

*2526 Genesee St, Utica NY 13357*

*315-797-0013*

**NEW PATIENT CONSULTATION FORM {INFANT/CHILD}**

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Major Complaint \_\_\_\_\_

Type of Birth      Nutrition Diet:

Describe How Injury Occurred: \_\_\_\_\_

\_\_\_\_ Natural      \_\_\_\_ Breast Milk

\_\_\_\_ C-Section      \_\_\_\_ Formula

Forceps Used Y \_\_\_\_ N \_\_\_\_

When First Noticed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please give Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor/ Pediatrician

Additional testing done: \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Please check all that Apply:

Allergies \_\_\_\_\_

Trauma / Falls \_\_\_\_\_

Medications \_\_\_\_\_

Daycare Past / Present \_\_\_\_\_

Postural Shifts / Head Tilt \_\_\_\_\_

Sleeping Posture \_\_\_\_\_

Smoking in House \_\_\_\_\_

Personal History \_\_\_\_\_

Family History:

Mother \_\_\_\_ Father \_\_\_\_ Brother \_\_\_\_ Sister \_\_\_\_

Blood Pressure \_\_\_\_ Spinal Problems \_\_\_\_

Cancer \_\_\_\_ Diabetes \_\_\_\_

General Health: \_\_\_\_\_

Other : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_