PEDIATRIC INTAKE & HISTORY

| PATIENT INFOF | | | | | |
|--|--|--|-------------------------------------|---------------------|--|
| Patient Name | | Mother's I | Name | | |
| Address State | | Mother's 0 | Mother's Occupation | | |
| | | Mother's I | | | |
| Home Phone | | Mother's I | Email | | |
| Cell Phone | | | | | |
| Email | | Father's N | lame | | |
| Sex M F Age Birthday IN CASE OF EMERGENCY, CONTACT | | Father's C | Father's Occupation Father's Phone | | |
| | | Father's P | | | |
| Name | | Father's E | mail | | |
| Relationship | | Who may | we thank for referring you? | | |
| Contact Number | | | | | |
| HOW CAN WE I | HELP YOUR CHILD | ? | | | |
| | □ Other: | | | | |
| | | | | | |
| Please describe: | red on an emergency basis? | | | | |
| Please describe: PREGNANCY H | IISTORY | | | | |
| Please describe: PREGNANCY H Did you experience any c | | | □ Strep B | □ Nauseau/Vomitting | |
| PREGNANCY H Did you experience any of Back/Other Pain | IISTORY complications during your pregna | ancy? (check all that apply) | | _ | |
| PREGNANCY H Did you experience any of Back/Other Pain Pre-Term | complications during your pregnations during your pregnational Diabetes Fatigue | ancy? (check all that apply) | ☐ Strep B | _ | |
| PREGNANCY H Did you experience any of Back/Other Pain Pre-Term BIRTH HISTOR | complications during your pregnations during John Diabetes Fatigue | ancy? (check all that apply) | ☐ Strep B | _ | |
| PREGNANCY H Did you experience any comparison of the pre-Term BIRTH HISTOR' Type of birth (check all the | complications during your pregnations during John Diabetes Fatigue | ancy? (check all that apply) | ☐ Strep B | _ | |
| Please describe: PREGNANCY H Did you experience any of Back/Other Pain Pre-Term BIRTH HISTOR Type of birth (check all the Hospital | complications during your pregnation Gestational Diabetes Fatigue Y at apply): | ancy? (check all that apply) Pre/Eclampsia Swelling | ☐ Strep B☐ Other (please describe) | | |
| Please describe: PREGNANCY H Did you experience any c Back/Other Pain Pre-Term BIRTH HISTOR' Type of birth (check all th Hospital Cesarean | complications during your pregnations during your pregnations during your pregnation of the complex of the comp | ancy? (check all that apply) Pre/Eclampsia Swelling Home | ☐ Strep B☐ Other (please describe) | | |
| PREGNANCY H Did you experience any c Back/Other Pain Pre-Term BIRTH HISTOR' Type of birth (check all th Hospital Cesarean | complications during your pregnation Gestational Diabetes Fatigue Y at apply): Birth Center Scheduled/Induced | ancy? (check all that apply) Pre/Eclampsia Swelling Home | ☐ Strep B☐ Other (please describe) | | |

| | | ormula | | |
|---|---|--|---|---|
| | each night: | Quality of sleep | o: | |
| At what age did the child: | | | | |
| Respond to sound: Crawl: Stand: Sit unsupported: | | | | |
| Stand: | Sit un | supported: | Walk unsupported: | |
| CHILDHOOD DIS | SEASES, ILLNESS | ES 8 VACCINATIO | ons | |
| las your child had (check | <u> </u> | | | |
| ☐ Chicken Pox | ☐ Measles | ☐ Rubeola | | |
| ☐ Mumps | ☐ Rubella | ☐ Pertussi | s/Whooping Cough | |
| | d from (check all that apply)?: | | | |
| | | | D. Hamantanaina | D. Orthonodia Brahlana |
| ☐ Allergies | ☐ Broken Bones | ☐ Digestive Issues (constipation/diarrhea) | ☐ Hypertension | ☐ Orthopedic Problems |
| ☐ Anemia | ☐ Chronic Ear Aches | | ☐ Jeuvenile Rheumatroid Arthritis | ☐ Paralysis |
| ☐ Arm Problems | ☐ Colds/Flu | ☐ Dizziness | D. Islat Building | □ Poor Appetite |
| ☐ Asthma | ☐ Colic | ☐ Fainting | ☐ Joint Problems | ☐ Ruptures/Hernias |
| ☐ Back Aches | ☐ Convulsions/Seizures | ☐ Headaches | ☐ Leg Problems | ☐ Sinus Trouble |
| □ Bed Wetting□ Behavioral Problems | □ Delayed Speech□ Diabetes | ☐ Heart Trouble☐ Hyperactivity | □ Neck Problems□ Neuritis | TuberculosisWalking Problems |
| | child? ☐ As scheduled | ☐ Delayed Sched | dule | |
| | ☐ As scheduled | <u> </u> | | |
| □ No □ Yes | | <u> </u> | HISTORY | |
| No Yes | ☐ As scheduled | GERIES & FAMILY | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) | ☐ As scheduled | GERIES & FAMILY MEDICATION | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) | ☐ As scheduled | GERIES & FAMILY MEDICATION | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) | ☐ As scheduled | MEDICATION FAMILY HIST | HISTORY IS (list) | |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: | As scheduled | MEDICATION FAMILY HIST Number of price Are you curre | HISTORY IS (list) CORY (list) regnancies: ently pregnant? \bigcirc No \bigcirc | 1 Yes, I'm due: |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: | As scheduled | MEDICATION FAMILY HIST Number of price Are you curre | HISTORY IS (list) FORY (list) regnancies: | 1 Yes, I'm due: |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: Childrens' health concerns | As scheduled EDICATIONS, SURCE I have? | MEDICATION FAMILY HIST Number of price Are you curre | HISTORY IS (list) CORY (list) regnancies: ently pregnant? \bigcirc No \bigcirc | 1 Yes, I'm due: |
| ALLERGIES, ME ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you children's' Ages: Childrens' health concerns | As scheduled EDICATIONS, SURCE I have? | MEDICATION MEDICATION FAMILY HIST Number of pi Are you curre Health conce | HISTORY IS (list) FORY (list) regnancies: ently pregnant? □ No □ erns regarding this pregnancy | 1 Yes, I'm due: |