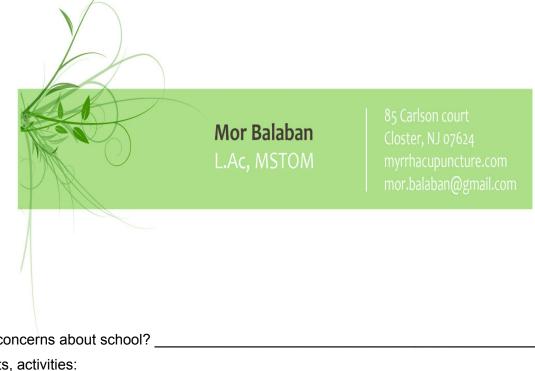


## **Pediatric intake Form**

Patient name _				Date o	r Birtn_		_Age	_
Parent/Guardian name/s				Phone number				_
Address								
Child's primary						ne number _		_
Reasons for yo	our visit _							-
Pregnancy a	and bir	th						
Place of birth								
Child is yours	by: (cir	cle or	ne) birth/add	option/stepo	:hild/otl	ner		
Please note Issues.	any m	edical	problems	associated	d with	pregnancy,	including	fertility
Describe any	interver	ntions	at birth incl	uding caes	arean s	ection.		
Gestational	age a	at b	irth:	Birth	weigh	nt:	_ Birth	length
Location of bi	rth: (circ	le one	e) home / h	ospital / birt	hing ce	enter		
Health issues	during	newbo	orn period _					



Diet				
Child breast	fed: (circle one) YN	If yes, how lon	g?	
		solid	food	introduced?
	roduced:		<del></del>	
Adverse read	ctions noted:			
Any known fo	ood sensitivities			
	Age: DPT			
Нер В Y N 	Age: (	Chicken Pox Y N	I Age:	Polio Y N Age:
Others:				<del> </del>
Adverse read	ctions to vaccines:			
Social Histo	ory			
Are both pare	nts living in the home?	ΥN		
Names and a	ges of siblings, if any: _			
Recent travel:				
	anges:			
Does your chil	ld attend school/Day ca	are? (circle one) Y l	N If yes, what grad	le?



Any concerns about asheel?
Any concerns about school?
Sports, activities:
Please list any concerns you have about your child's social interactions.
Medical History
Past and current medications:
Supplements:
Illnesses:
Surgeries or other trauma:
Typical diet:
rypical diet.
Breakfast
Lunch
Dinner
Snacks
Beverages

Please circle any of the conditions listed below that are a concern for your child:
Appetite: poor / excessive
Headaches
Thirst: little / excessive
Poor concentration
Unusual sweating
Frequent colds
Asthma
Energy level: low / excessive
Sleep: poor / excessive sleepiness / night terrors
Bowel movements: constipation / loose stools / diarrhea
Digestion: vomiting/reflux/abdominal pain
Urination: frequent / painful / bedwetting
Seizure
Skin problems: Specify:
Allergies:
Emotional problems:
Other: