PEDIATRIC INTAKE & HISTORY



PATIENT INFOR	MATION					
Patient Name		Mother's N	Mother's Name			
		Mother's (Mother's Phone			
		Mother's F				
		Mother's E				
Cell Phone	Provider					
Email		Father's N	Father's Name			
Sex □ M □ F A	ge Birthday	Father's C	Father's PhoneFather's Email			
IN CASE OF EMERGENC	Y, CONTACT	Father's Pl				
Relationship		Who may				
Contact Number						
HOW CAN WE H	HELP YOUR CHILD	?				
☐ Wellness Checkup	Other:					
If your child is already eyr	periencing a symptom, please de	escribe it				
ii your criiid is aiready exp	refreshing a symptom, please of	escribe it.				
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	-l	V D.N-				
	ed on an emergency basis? 🚨					
riease describe.						
, 						
PREGNANCY H	ISTORY					
Did you experience any co	omplications 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)			
BIRTH HISTORY	′					
Type of birth (check all tha	at apply):					
☐ Hospital	☐ Birth Center	☐ Home	■ Normal / Vaginal	☐ Breech		
□ Cesarean	□ Scheduled/Induced	☐ Epidural				
Problems during labor / de	elivery?					
□ Antibiotics	☐ Congenital Anomalies	☐ Failure to Thrive	☐ Jaundice	☐ Meconium		
☐ Respiratory Distress	☐ Extended Hospitalization	□ Other				

At what age did the child: Respond to sound:	At what age did the child: Respond to sound: Crawl: Sit unsupported: Sit unsupported: Walk unsupported: CHILDHOODDISEASES, ILLNESSES & VACCINATIONS Has your child had (check all that apply)?: Chicken Pox Rubeola Mumps Rubella Pertussis/Whooping Cough Has your child ever suffered from (check all that apply)?: Anemia Chornic Ear Aches Anemia Colic Fainting Joint Problems Ruptures/Hernia Back Aches Convulsions/Seizures Headaches Leg Problems Sinus Trouble Bed Wetting Delayed Speech Heart Trouble Reck Problems Diabetes Hyperactivity Neuritis Walk unsupported: Walk uns		each night:	Quality of sleep	p:		
Respond to sound: Crawl: Hold head up: Stand: Sit unsupported: Walk unsupported: Walk unsupported: Walk unsupported: CHILDHOODDISEASES, ILLNESSES & VACCINATIONS As your child had (check all that apply)?: Chicken Pox	Crawl:	hat age did the child:	J				
Sit unsupported: Walk unsupported:	Sit unsupported:			8	Hold head up:		
	Has your child had (check all that apply)?: Chicken POX						
das your child had (check all that apply)?: Chicken Pox	Has your child had (check all that apply)?: Chicken Pox						
Chicken Pox	Chicken Pox	ILDHOODDIS	SEASES, ILLNESSE	S & VACCINATIO	ONS		
Mumps	Mumps	your child had (check a	all that apply)?:				
As your child ever suffered from (check all that apply)?: Allergies	Als your child ever suffered from (check all that apply)?: Allergies	Chicken Pox	■ Measles	☐ Rubeola	□ Rubeola		
Allergies Broken Bones Digestive Issues Hypertension Orthopedic Problems Anemia Chronic Ear Aches Dizziness Dizziness Hypertension Paralysis Paralysis Arthritis Poor Appetite Asthma Colic Fainting Joint Problems Ruptures/Hernias Back Aches Convulsions/Seizures Headaches Leg Problems Sinus Trouble Bed Wetting Delayed Speech Heart Trouble Neck Problems Tuberculosis Behavioral Problems Diabetes Hyperactivity Neuritis Walking Problems No Yes As scheduled Delayed Schedule ALLERGIES, MEDICATIONS, SURGERIES & FAMILY HISTORY ALLERGIES (list) FAMILY HISTORY (list) SURGERIES (list) FAMILY HISTORY (list) SURGERIES (list) FAMILY HISTORY No Yes, I'm due: Children's' Ages: Are you currently pregnant? No Yes, I'm due: Children's' health concerns: Health concerns regarding this pregnancy? Dorization for Care of Minor	Allergies	Mumps	☐ Rubella	☐ Pertussis	s/Whooping Cough		
Allergies Broken Bones Digestive Issues Hypertension Orthopedic Problems Anemia Chronic Ear Aches Dizziness Dizziness Hypertension Paralysis Paralysis Arthritis Poor Appetite Asthma Colic Fainting Joint Problems Ruptures/Hernias Back Aches Convulsions/Seizures Headaches Leg Problems Sinus Trouble Bed Wetting Delayed Speech Heart Trouble Neck Problems Tuberculosis Behavioral Problems Diabetes Hyperactivity Neuritis Walking Problems No Yes As scheduled Delayed Schedule ALLERGIES, MEDICATIONS, SURGERIES & FAMILY HISTORY ALLERGIES (list) FAMILY HISTORY (list) SURGERIES (list) FAMILY HISTORY (list) SURGERIES (list) FAMILY HISTORY No Yes, I'm due: Children's' Ages: Are you currently pregnant? No Yes, I'm due: Children's' health concerns: Health concerns regarding this pregnancy? Dorization for Care of Minor	Allergies	your child ever suffere	ed from (check all that apply)?:				
Anemia	Anemia			☐ Digestive Issues	☐ Hypertension	☐ Orthopedic Problems	
Arm Problems	Arm Problems				0.1407		
Asthma	Asthma	Arm Problems		☐ Dizziness			
Back Aches	Back Aches	Asthma	10-11 11-10-10-10-10-10-10-10-10-10-10-10-10-1	☐ Fainting	☐ Joint Problems		
Behavioral Problems Diabetes Hyperactivity Neuritis Walking Problems Have you vaccinated your child? No Yes As schedule 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? Children's' Ages: Children's health concerns: Health concerns regarding this pregnancy?	Behavioral Problems Diabetes Hyperactivity Neuritis Walking Problem 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: No Yes, I'm due:	Back Aches	☐ Convulsions/Seizures		☐ Leg Problems	1000 1000 1000 1000 1000	
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	eby authorize this clinic and its doctor(s) to administer care as they so deem necessary to my son/daughter/ward.	uthorize this clinic and	d its doctor(s) to administer care	e as they so deem necessary	y to my son/daughter/ward.		