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**Pediatric Intake Form**

*Confidential Patient Information*

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pager/Cell \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Address \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Policyholder \_\_\_\_\_ Birthdate \_\_\_\_\_

(Please allow us to copy your insurance card.)

Assignment and Release: I hereby authorize my insurance benefits be paid directly to this physician, and I understand that I am financially responsible for non-covered services. I also authorize this physician to release any information required to process this claim.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

What are your top three health concerns for your child?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List any medications (prescription or over the counter) and/or supplements your child is taking:

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

List any known allergies to food, drugs or chemicals \_\_\_\_\_

Is your child currently under a physician's care? \_\_\_\_\_ If yes, physician's name \_\_\_\_\_

Last physical exam \_\_\_\_\_ Last blood work \_\_\_\_\_ Last dental exam \_\_\_\_\_

Brief summary of the pregnancy carrying this child: \_\_\_\_\_

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

Brief summary of this child's birth: \_\_\_\_\_

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

(Continued on back....)

*Medical History and Family History*

Please write child's initials or identify a family member (siblings, parents, grandparents, aunts/uncles) next to the medical conditions your child or they have suffered:

- |                                |                              |                               |
|--------------------------------|------------------------------|-------------------------------|
| ____ ADD/ADHD                  | ____ Diarrhea                | ____ Kidney disease           |
| ____ Allergies/hay fever/hives | ____ Ear infections          | ____ Learning disabilities    |
| ____ Anemia                    | ____ Eating disorders        | ____ Menstrual disorders      |
| ____ Asthma                    | ____ Eczema                  | ____ Osteoporosis             |
| ____ Athletes foot             | ____ Glasses/Contacts        | ____ Pneumonia/lung disease   |
| ____ Birth defect              | ____ Headaches/migraines     | ____ Rheumatic/scarlett fever |
| ____ Bleeding disorders        | ____ Hearing loss            | ____ Seizures                 |
| ____ Breast disorders          | ____ Heart disease           | ____ Thyroid disease          |
| ____ Cancer                    | ____ Heartburn/reflux        | ____ Tuberculosis             |
| ____ Colic                     | ____ Hepatitis/liver disease | ____ Ulcers                   |
| ____ Colds, frequent           | ____ High blood pressure     | ____ Urinary tract infections |
| ____ Constipation              | ____ High cholesterol        | ____ Vaginal infections       |
| ____ Depression/anxiety        | ____ Hypoglycemia            | ____ Vertigo/dizziness        |
| ____ Diabetes                  | ____ Insomnia                | ____ Other _____              |

Major illnesses/accidents/hospitalizations/surgeries: \_\_\_\_\_  
\_\_\_\_\_

Immunizations received and any adverse reactions: \_\_\_\_\_  
\_\_\_\_\_

*Health Habits*

Activity level: \_\_\_\_\_ Organized sports: \_\_\_\_\_

Sleep: Average # of hrs \_\_\_\_\_ Quality \_\_\_\_\_

Is your child breastfeeding? \_\_\_\_\_ If not, how long were they breastfed? \_\_\_\_\_

Age at which solids were introduced: \_\_\_\_\_

Your child's typical diet:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Drinks: \_\_\_\_\_

Does anyone in the home smoke? \_\_\_\_\_

List any weapons in your home: \_\_\_\_\_

Does your child ride in a carseat every car ride? \_\_\_\_\_

Does your child wear a helmet when riding a bicycle? \_\_\_\_\_