

Pediatric Intake Form
(all patients ages 0-12)
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General information:

Name: _____

Age: _____

Date of birth: _____

Address: _____

Phone: _____

and age of siblings _____

Who does the child live with? _____

Adopted? Y N

Hobbies/Interests: _____

Primary Care Giver:

Name: _____

Relationship to patient: (check)

mother___ father___ relative___

family friend___ other___

Address: _____

Phone (h): _____

Phone (w): _____

Chief Concern:

How long has this condition persisted? _____

Previous treatment & results? _____

Secondary Concerns:

Medical History:

Surgeries/ Hospitalizations:

Condition:

Year:

Allergies:

Food: _____

Chemical/drug: _____

Other: _____
 Traumas: _____
 Physical: _____
 Emotional: _____

Condition	Year	Condition	Year
Diaper rash		Chicken pox	
Cradle cap		Measles	
Eczema		Mumps	
Psoriasis		Rubella	
Fever		Lice	
Roseola		Impetigo	
Urinary tract infection		Cold sores	
Frequent colds		Bed-wetting	
Worms		Broken bones	
Warts		Sprains, strains	
Whooping cough		Nightmares	
Constipation		Poor sleep	
Diarrhea		Deafness	
Asthma		Ear infections	
Excessive thirst		Changes in appetite	

Immunizations:		Age:	Reaction: (if any)
DPT (diphtheria, pertussis, tetanus)	Y N	_____	_____
Tetanus booster	Y N	_____	_____
Polio	Y N	_____	_____
MMR (measles, mumps, rubella)	Y N	_____	_____
Hemophilus influenzae	Y N	_____	_____
Varicella (chicken pox)	Y N	_____	_____
Flu shot	Y N	_____	_____
Hepatitis A/B	Y N	_____	_____
Others _____	Y N	_____	_____

General temperature: Warm Cold

Please list any medications, with dosage:

Please list any supplements, vitamins..., with dosage:

Family History: (please check any that apply, and indicate the family members affected)

Diabetes_____	Arthritis_____
Heart problems_____	High blood pressure_____
Thyroid conditions_____	Glaucoma_____
Cancer_____	Kidney problems_____
Psychiatric conditions_____	Tuberculosis_____
Lung problems_____	Stroke_____
Smoker_____	Alcohol problems_____
Gallbladder problems_____	Liver problems_____
Others_____	

Prenatal History:

How was both parent's health at conception? Mother: poor fair good unknown
Father: poor fair good unknown

What was mom's age at conception? _____
What was dad's age at conception? _____
What was mom's health during pregnancy? poor fair good unknown
How was mom's diet during pregnancy? Poor fair good unknown
How was mom's prenatal health care? Poor fair good unknown

Check any of the following conditions that mom had during the pregnancy:

Breakthrough bleeding_____	High blood pressure_____
Nausea/vomiting_____	Gestational diabetes_____
Thyroid problems_____	Physical/emotional problems_____
Pre-eclampsia/eclampsia_____	

Check any of the following that mom used during pregnancy:

Tobacco_____ Alcohol_____ Recreational drugs_____
Over the counter medications_____
Prescription medications_____
Vitamins/supplements_____
Other_____

Birth History:

Term length (weeks):_____ Length of labour:_____ Birth weight:_____
Birth length:_____ Any complications?_____

Type of birth: (vaginal, C- section, induction, forceps, vacuum extraction, other)

How was the infant fed? Breast fed_____ For how long?_____
Formula fed_____ Type of formula (milk, soy, other)_____

How was the child's health at birth? Poor fair good

What foods were introduced before 6 months of age?_____

What foods were introduced between 6-12 months of age?_____

Any colic? Y N

Developmental History:

How was the child's health for the first year: poor fair good unknown

At what age did the child first: sit _____ crawl _____ walk _____ talk _____

How did the child sleep? _____

How is the child's temperament? _____

How is the child's behaviour at school? _____

How is the emotional environment at home? _____

Does the child exercise regularly? Y N

Are there any pets at home? Y N

Does anyone in the home smoke? Y N

Any other concerns? _____
