PEDIATRIC INTAKE & HISTORY



Datient Nama		Mother's New	ne			
	State					
•	State					
Sex M F Age — Birthday————————————————————————————————————		Father's Name				
		Father's Occupation Father's Phone				
						Father's Email
		Who may we				
				_		
Has your child been treat	ed on an emergency basis?	l yes □ No				
•	ed on an emergency basis?	Yes □ No				
Please describe:		l _{Yes} □ _{No}				
Please describe: PREGNANCY H Did you experience any c	ISTORY complications during your pregna	ancy? (check all that apply)				
PREGNANCY H Did you experience any of Back/Other Pain	ISTORY complications during your pregna Gestational Diabetes	ancy? (check all that apply)	☐ Strep B	□ Nausea/Vomiting		
Please describe: PREGNANCY H Did you experience any of Back/Other Pain	ISTORY complications during your pregna	ancy? (check all that apply)	☐ Strep B	_		
PREGNANCY H Did you experience any of Back/Other Pain Pre-Term	ISTORY complications during your pregna Gestational Diabetes Fatigue	ancy? (check all that apply)	☐ Strep B	_		
PREGNANCY H Did you experience any of Back/Other Pain Pre-Term BIRTH HISTOR	ISTORY complications during your pregna Gestational Diabetes Fatigue	ancy? (check all that apply)	☐ Strep B	□ Nausea/Vomiting		
PREGNANCY H Did you experience any of Back/Other Pain Pre-Term BIRTH HISTOR Type of birth (check all the	ISTORY complications during your pregna Gestational Diabetes Fatigue	ancy? (check all that apply)	☐ Strep B	_		
PREGNANCY H Did you experience any of Back/Other Pain Pre-Term BIRTH HISTOR Type of birth (check all the Hospital	ISTORY complications during your pregna Gestational Diabetes Fatigue Y at apply):	ancy? (check all that apply) Pre/Eclampsia Swelling	□ Strep B □ Other (please describe	e)		
PREGNANCY H Did you experience any of Back/Other Pain Pre-Term BIRTH HISTOR Type of birth (check all the Hospital Cesarean	ISTORY complications during your pregnation of the property o	ancy? (check all that apply) Pre/Eclampsia Swelling Home Epidural	□ Strep B □ Other (please describe	e)		
PREGNANCY H Did you experience any o Back/Other Pain Pre-Term BIRTH HISTOR Type of birth (check all the Hospital) Cesarean	ISTORY complications during your pregna Gestational Diabetes Fatigue Y at apply): Birth Center Scheduled/Induced	ancy? (check all that apply) Pre/Eclampsia Swelling Home Epidural	□ Strep B □ Other (please describe	e)		

	ast ☐ Bottle ☐ Fo each night:	ormula Quality of sleet	o·		
·	zaun nigni	Quality of slee	0:		
At what age did the child:	Crawl:		Hold head up:		
Stand:		upported:			
otaliu.	Sit uns	upported.	wark unsupported		
CHILDHOOD DIS	EASES, ILLNESSE	S & VACCINATION	IS		
Has your child had (check	all that apply)?:				
☐ Chicken Pox ☐ Measles		□ Robiola			
☐ Mumps ☐ Rubella		□ Pertussis/Whooping Cough			
Has your child ever suffere	d from (check all that apply)?:				
■ Allergies	■ Broken Bones	☐ Digestive Issues	Hypertension	Orthopedic Problems	
☐ Anemia	☐ Chronic Ear Aches	(constipation/diarrhea)	☐ Juvenile /	☐ Paralysis	
☐ Arm Problems	☐ Colds/Flu	☐ Dizziness	Rheumatoid 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	
<u> </u>	EDICATIONS, SUR				
<u> </u>	EDICATIONS, SUR	GERIES & FAMIL MEDICATION			
ALLERGIES (list)	EDICATIONS, SUR		NS (list)		
ALLERGIES (list)	EDICATIONS, SUR	MEDICATION	NS (list)		
ALLERGIES (list) SURGERIES (list)	EDICATIONS, SUR	MEDICATION	NS (list)		
ALLERGIES (list) SURGERIES (list) SIBLINGS	have?	FAMILY HIST	NS (list)		
ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you		MEDICATION FAMILY HIST Number of preg	ORY (list)	□ Yes, I'm due:	
SURGERIES (list) SIBLINGS How many children do you Children's Ages:	have?	MEDICATION FAMILY HIST Number of preg Are you currentle	nancies: y pregnant? NS (list)		
SURGERIES (list) SIBLINGS How many children do you Children's Ages:	have?	MEDICATION FAMILY HIST Number of preg Are you currentle	nancies: y pregnant? NS (list)		
ALLERGIES (list) SURGERIES (list) SIBLINGS How many children do you Children's Ages: Children's health concerns	have?	MEDICATION FAMILY HIST Number of preg Are you current! Health concerns	nancies: y pregnant? Nos regarding this pregnancy?		
SIBLINGS How many children do you Children's Ages: Children's health concerns	have?	MEDICATION FAMILY HIST Number of preg Are you current! Health concerns	nancies: y pregnant? Nos regarding this pregnancy?		