

Pediatric Intake Form

TODAY'S DATE: _____

CHILD'S NAME: _____ DOB: _____

PARENT'S NAMES: _____

PAST HISTORY

1. What was the patient's child's birth weight? _____
2. How far along (how many weeks gestation) was the mother of the patient when she delivered?

3. Were there any significant issues or medical problems that occurred during pregnancy? ☐ NO / ☐ YES
List those issues:

4. Were there any significant issues / medical problems that occurred during labor and the delivery?
☐ NO / ☐ YES. If yes, what were those issues:

5. Has the patient been diagnosed with any medical problems? ☐ NO / ☐ YES
What are these problems?

6. What medications, supplements, or vitamins is the patient taking?

7. Has the patient had any surgeries? ☐ NO / ☐ YES
If so, which surgeries:

8. List any concerns that there have been about your child's growth or development?

FAMILY HISTORY

1. What illnesses does the father of the patient have?

2. What illnesses does the mother of the patient have?

3. What illnesses do the patient's siblings have?

4. What illnesses do the patient's other family members have?

SOCIAL HISTORY

1. Does the patient have any exposure to cigarettes or other tobacco products? This includes family members that only smoke outside. ☐ Yes / ☐ No

If so, who smokes in the family: _____

2. Does the child: ☐ Stays at home with family. Who? _____

☐ In daycare...Name/Location: _____

☐ In school...Name/Location: _____

3. List the type of pets you have in the home:

4. Diet:

Check all that apply: ☐ Breastfeeding ☐ Bottle (breast milk) ☐ Bottle (formula) ☐ Solid food

☐ City water ☐ Well Water

☐ Milk (circle all that apply): Cows Goats Almond Soy Rice Other: _____

Is it fortified with Vitamin D? _____

Describe child's eating frequency and amount:

5. What is your family's plan regarding current / future vaccinations?

- a. ☐ Religious exemption / No vaccines
- b. ☐ Follow the CDC guidelines
- c. ☐ Delayed schedule
- d. ☐ Unsure at this time / Want to discuss

Please give any details you believe will be helpful in determining your wishes in regard to vaccinations or concerns / questions you may have.

6. Please note any questions or concerns you have that you would like to discuss with your provider:
