

## Pediatric/Adolescent Intake Form

Confidential: All information in this form remains confidential and will be released only on your written permission

Full Name \_\_\_\_\_

Care Card Number (PHN) \_\_\_\_\_

Birthday (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ ☐ Male ☐ Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Would you prefer email, text or phone call appointment reminders?

☐ Email ☐ Text ☐ Phone Call

If text, please provide cell phone provider (Bell, Telus, etc) \_\_\_\_\_

**PRESENT HEALTH PROBLEMS:** Please list most important health concerns/problems

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### Medications:

	Now	Past	Frequency
Aspirin	____	____	____
Tylenol	____	____	____
Antibiotics	____	____	____
Decongestants	____	____	____

### Supplements:

	Now	Past	Frequency
Vitamins	____	____	____
Minerals	____	____	____
Fluoride	____	____	____
Herbs	____	____	____

### Allergies:

(to medications, pollens, animals or food)

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

### Childhood Illnesses:

___ Chicken Pox	___ Scarlet Fever	___ Mononucleosis
___ Measles	___ Rheumatic Fever	___ Ear Infections
___ Mumps	___ Strep Throat	___ Tonsillitis
___ Rubella	___ Pneumonia	___ Other _____

### Immunizations: (please give age)

\_\_\_ DPT (Diphtheria, Pertussis, Tetanus)  
\_\_\_ MMR (Measles, Mumps, Rubella)  
\_\_\_ Polio  
\_\_\_ Haemophilus Influenza Type B (Meningitis)  
\_\_\_ Hepatitis B

### Patients Medical History

	Now	Past	Frequency		Now	Past	Frequency
Acne	____	____	____	Epilepsy/Seizures	____	____	____
Allergies	____	____	____	Fatigue	____	____	____
Anaemia	____	____	____	Frequent Infections	____	____	____
Asthma	____	____	____	Headaches	____	____	____
Bed Wetting	____	____	____	Heart Murmur	____	____	____
Birth Defects	____	____	____	High Fever	____	____	____
Colic	____	____	____	Hyperactivity	____	____	____
Constipation	____	____	____	Insomnia	____	____	____
Cough/Wheeze	____	____	____	Jaundice	____	____	____
Cradle Cap	____	____	____	Learning Disorder	____	____	____

Surgeries (Year & Type) \_\_\_\_\_

\_\_\_\_\_

Hospitalization (Year & Reason) \_\_\_\_\_

\_\_\_\_\_

Injuries/Accidents (Year & Cause) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Now	Past	Frequency		Now	Past	Frequency	
Depression	___	___	___	Moodiness	___	___	___	Other Conditions _____ _____ _____ _____
Diarrhoea	___	___	___	Stuffy Nose	___	___	___	
Dizzy Spells	___	___	___	Thrush	___	___	___	
Ear Aches	___	___	___	Vomiting Spells	___	___	___	
Eczema	___	___	___	Other	___	___	___	

## Family History: (Blood Relatives Only)

Father (age)\_\_\_\_\_ Mother (age)\_\_\_\_\_ Brothers (age)\_\_\_\_\_ Sisters (age)\_\_\_\_\_

\*If deceased, please list age at death and circle

Identify All family members who have ever had any of the following (Indicate family member by: F, M, B1, B2, S1, etc...)

___Alcoholism	___Bleeding Disorder	___Heart Disease	___Obesity
___Allergies	___Cancer of _____	___Hearing Loss	___Stomach Ulcers
___Anaemia	___Colitis	___High Blood Pressure	___Stroke
___Arthritis	___Diabetes	___Hypoglycaemia	___Thyroid Disorder
___Asthma	___Eczema	___Kidney Disease	___Tuberculosis
___Birth Defects	___Epilepsy	___Mental Illness	___Other _____

Does the patient have any of the above\_\_\_\_\_ If yes, which ones \_\_\_\_\_

## Prenatal/Birth/Feeding History:

1. Mothers health during the pregnancy with this patient...

___Age	___Trauma/Injury	___Alcohol Consumption	___Other _____
___Bleeding	___Stress	___Drugs	
___Nausea	___High Blood Pressure	___Smoking	
___Illness	___X-Rays	___Toxaemia	

2. Term \_\_\_Premature \_\_\_Full \_\_\_\_\_Birth Weight

3. Was pregnancy/birth \_\_\_easy \_\_\_difficult \_\_\_c-section

4. Feeding of Infant

Breast Fed _____	How Long _____	Cows Milk _____
Formula Fed _____	How Long _____	Type of Formula _____
Age Solid Food Begun _____	What Foods _____	
Any Food Allergies or Intolerances _____	To What Foods _____	

5. Sample Daily Diet (Choose a typical day and include foods and liquids)

6. Previous Pregnancies by natural mother and any complications

## Social History

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1. Parents:      ☐ Married      ☐ Separated      ☐ Divorced

Mothers Occupation \_\_\_\_\_ ☐ Full Time      ☐ Part Time

Fathers Occupation \_\_\_\_\_ ☐ Full Time      ☐ Part Time

2. Other Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

3. Others Residing in Home \_\_\_\_\_ Relationship \_\_\_\_\_

4. Daycare/Preschool/School: How many Hours each day? \_\_\_\_\_ # of days each week? \_\_\_\_\_

5. Interaction with relatives. Who? \_\_\_\_\_

Do You have any concerns you would like to discuss? Please Explain \_\_\_\_\_

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*Why Naturopathic Medicine? People go to naturopathic physicians for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as their symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible (Preventative Care). These are the three phases of care. Your doctor will weigh your need and desires when recommending your schedule of care. However, his/her prepared recommendation is an incorporation of all three phrases.*

Please check the type of care desired so that we may be guided by your wishes whenever possible.

☐ Relief Care      ☐ Corrective Care      ☐ Preventive Care  
☐ Check here if unsure

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian Signature

If this is an accident related injury, please fill out the accident form. Thank you

**The purpose of our office is to support each individual in achieving their optimum health and educate them so that they may understand health and naturopathic medicine and in turn educate others**

The staff of this office appreciates you taking the time to convey this vital information. Please be assured we will do everything possible to assist you in your recovery.

Please return completed forms to the office.

Thank you for your co-operation!!