

Patient's Name:

Mailing and Physical Addresses:

Home phone: Cell phone: Work phone:

May we leave messages at these numbers? Yes No

Date of Birth: Age: Male Female

Mother's Name:

Occupation:

Father's Name:

Occupation: Daytime telephone:

Parents are: Married Divorced Separated Single

With whom does the child live?

Child's school:

Emergency Contact:

Relationship: Telephone:

Physician's Name and location:

When was your child's last visit to the doctor's office? What was the reason?

Is your child under the care of a medical specialist? If yes, please explain.

Please list all hospitalizations and surgeries with dates and reasons for the procedures:

What is your child's most important health concern?

Birth History

Any problems during pregnancy?

Was mom on any medications during pregnancy or during breastfeeding?

Cigarettes, alcohol, drugs used during pregnancy?

How was the child delivered?

Any complications during or after delivery?

Was/ Is the patient breastfed or bottle-fed? For how long?

Developmental/ School Concerns

Have you ever been concerned about your child's development?

Slow development (sitting, walking, talking)

Speech

School difficulties (learning, attention)

General review

How is your child's energy?

Lowest time of day:

Highest time of day:

Does your child sleep well?

Wake rested?

Sleeps for how many hours?

Naps?

Enjoy school?

Spend time outside?

What are your child's main interests and hobbies?

Family History

Please circle if your child or any member of your family has any of the following. Then indicate who in your family has had the condition.

Alcoholism

Allergies

Arthritis

Asthma

Bleeding disorders

Cancer

Depression

Diabetes

Drug addiction

Eczema

Epilepsy/ Seizures

GI disorder

Gum disease

Hay fever

Heart murmur

High blood pressure

High cholesterol

Genetic disorder

Kidney disease

Liver disease

Lung disease

Mental illness

Musculoskeletal disorder

Neurological disorder

Sudden death

Stroke

Thyroid condition

Tuberculosis

Ulcer

Urinary disorder

Vascular disorder