CORE HEALTH
NATUROPATHIC WELLNESS CENTER

Pediatric Intake Form

Child's Name: _____ **Date:** _____

Date of birth: _____ (M/D/Y) **Sex:** M❑ F❑ Trans.❑

Who is filling out the form? (Name and relation): _____

E-mail Address: _____ **Address:** _____

Home #: _____ ❑

Work #: _____ ❑

Cell #: _____ ❑

Please check the number you prefer to be contacted by

With whom does the child live? (Name and Relation): _____

If not listed above, please write their contact information below. _____

How did you hear about our Clinic? Please check one of the following:

❑ Our Website

❑ Patient from our clinic
Name:

❑ Family or Friend
Name:

❑ Information Session

❑ Web search engine (Eg. Google)

❑ National Nutrition Referral or Meeting

❑ Healthcare Practitioner
Name:

❑ Advertisement
Please Describe:

❑ Other:

Other health care providers the child is seeing:

1. _____ 2. _____ 3. _____

Please list the child's health concerns in order of importance, along with a brief description

1		
2		
3		
4		
5		

What are your goals for the health of your child using naturopathic medicine?

_____

How much of the work are you willing to do to achieve these goals? (Please mark yourself on the line)

|----------|----------|----------|----------|

0% 25% 50% 75% 100%

Are there certain things that you are not willing or not able to change in your child's life? If so, what?

_____

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Medical History

How would you describe your child's general state of health (please check) ? Excellent Good Fair Poor

Please note any illnesses, surgeries or injuries and any hospitalizations, with approximate dates.

Does your child have any known allergies (medicines, environmental, food, etc.)?

Please list all current medications (prescription, over-the-counter, vitamins, herbs, homeopathics, etc.)

Has your child had any recurrent infections? If so, please explain. Y N

Please list past prescription medications.

How many times has your child been treated with antibiotics?

Please list what immunizations your child has had and approximately when:

Were there any adverse reactions to vaccination? If so, please list.

What screening tests has your child had (blood, hearing, vision, etc.)?

Family History

Indicate if a close relative of the child (grandparent / parent / sibling) has had any of the following:

- ❑ Epilepsy, Seizures
- ❑ Eczema
- ❑ Diabetes
- ❑ Thyroid Problems
- ❑ Anemia
- ❑ Asthma
- ❑ Diabetes
- ❑ Kidney Disease
- ❑ Juvenile Arthritis
- ❑ Allergies
- ❑ Other

Do either of the parents have a chronic illness? If so, please describe:

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Prenatal Health

What was the health of the parents at conception? (Please circle)

Mother: Poor Fair Good Excellent Unknown

Father: Poor Fair Good Excellent Unknown

What was the health of the mother during pregnancy?

Poor Fair Good Excellent Unknown

What was the mother's age at childbirth? ☐

How was the mother's diet during pregnancy?

Poor Fair Good Excellent Unknown

Did the mother receive prenatal care? Y N Unknown

Did the mother experience any of the following during pregnancy?

- ❑ Bleeding
- ❑ Diabetes
- ❑ High blood pressure
- ❑ Thyroid problems
- ❑ Nausea
- ❑ Vomiting
- ❑ Physical or Emotional trauma
- ❑ Other: ☐

Did the mother use any of the following during pregnancy?

- ❑ Tobacco
- ❑ Alcohol
- ❑ Recreational drugs
- ❑ Prescription medications: ☐
- ❑ Over the counter medications: ☐
- ❑ Supplements: ☐
- ❑ Other: ☐

Birth History

Term Length (check): Full Premature: ☐ wks Late: ☐ wks

Type of Birth (check all that apply): Vaginal C-section Induced Forceps Anesthesia / Epidural

Length of labour: ☐ Weight at birth: ☐

Any complications? ☐

Did the child experience any of the following shortly after birth?

- ❑ Jaundice
- ❑ Rashes
- ❑ Seizures
- ❑ Birth Injuries
- ❑ Birth Defects
- ❑ Other:

Health and Development

How was your child's health in the first year? Poor Fair Good Excellent Unknown

At what age did your child first:

Sit up: ☐ Crawl: ☐ Walk: ☐ Talk: ☐

How would you describe your child's temperament?

How would you describe your child's behaviour and performance at school?

☐

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Environment

Is the child in: School Daycare Homecare Other:

What are your child's favorite activities?

Does the child exercise regularly?

If yes, what does your child do for exercise, how much, how often?

How much television does your child watch?

How often does your child read or get read to?

Does anyone in the child's household smoke?

Are there animals in the home?

Do you know of any toxins or hazards your child may be exposed to (home, hobbies, etc.)? Please describe.

Who also lives in the child's home? Please list name and relation if applicable.

How would you describe the emotional climate of the child's home?

What do you think or feel is contributing to your child's concerns?

Please write anything that you feel is important that has not been covered: