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PEDIATRIC INFORMATION FORM

(Please Print)

Today's Date:							E-MAIL:					
			CHILD	'S II	NFOR	MA	TION					
Patient's last n	ame:	First:		Middl	le:	Birth	n date:	Age:	9	Sex:		
									[M	1 🗆 F	
Street address	:							Home Phone	No.	: ()	
								SSN:				
P.O. box:			City:					State:			ZIP Code:	
Referred by (P	Please check one b	oox):			Or.				[□ I	Internet	☐ Hospital
☐ Family	☐ Friend		lose to home/work		Magazin	e / N	ewspaper	☐ Other				
			CON		T NU		ERS					
Parent / Respo	onsible Party:				Phone n							
					()							
			CURRENT	HE/	ALTH	CAI	RE TEAN	1				
Your Pediatrici	an:				Phone r	10.:						
					())						
Specialty Doct	or:				Type of	care:		Phone r	10.:			
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Specialty Doct	or:			-	Type of	care:	:	Phone r	10.:			
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Specialty Doct	or:			-	Type of	care:	:	Phone r	10.:			
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											DATE:	

Information Form (page 1)

Name (Last, First, M.I.):	
Podiatr	ic intake form
i culuti	ic intake form
REASON F	OR THIS VISIT?
DURATION OF COMPLAINT / SYMPTO	MS? ANY OTHER ASSOCIATED SYMPTOMS?
	EEN DONE SO FAR:
TREATMENT	RESPONSE
PREGNA	NCY HISTORY
Duration of Pregnancy?	Birth Weight?
Any complications during pregnancy?	High Blood Pressure?
Any drugs taken during pregnancy? (include over-th	e-counter medications):
Any Alcohol?	If yes, How much?
Any Tobacco?	If yes, How much?
Illness / Infections during pregnancy?	
LABOR & DI	ELIVERY HISTORY
How long was labor?	How did labor begin?
Breech or unusual presentation?	
Cesarean birth? ☐ Yes ☐ No	If yes, what was the reason?
Pain medication used?	
Pitocin used?	Forceps used?
Delay in respiration or cry?	Apgar score, if known?
Was oxygen administration necessary?	
Type of anesthesia employed for mother?	
NEWBO	ORN HISTORY
Jaundice?	Cyanosis?
Infection?	Seizures?
Anemia?	Home from Hospital in days
Other Important Conditions:	1 2

Name (Last, Fir	st, M.I.):							
			Pe	diatric inta	ke form	(page 2)		
CHILDH		Measles	☐ Mumps	☐ Rubella ☐] Chickenpox	☐ Rheumatic	Fever Polio	
ILLINE	33.	☐ Tetan	nus			☐ Pneumonia		
Immuni	izations	☐ Hepat				☐ Chickenpox		
		 ☐ Influe				☐ MMR Measle	s, Mumps,	
1 T	CT ANV OT			DDODI EMC	TUAT OI	Rubella	ORS HAVE DIA	CNOSED
	I			SUR	GERIES			
Year	Reason						Hospital	
				THE HOS	DIT 4 T			
V	D			OTHER HOS	PIIALIZA	AIIONS	I I a a a i i a l	
Year	Reason						Hospital	
	LIST YOU	JR CHI		SCRIBED D			IE-COUNTER M	IEDS,
Name the Drug	g or Vitamin		:	Strength			Frequency Taken	
			A	LLERGIES T	O MEDIC	CATIONS		
Name the Drug	g			Reaction You Hac	d			

□ Cancer* □ Hay Fever, Allergy, Eczema □ Vision/Eye Problem □ Diabetes □ Thyroid Disease □ Other Notes from above conditions: (ie. types of cancer) Development (Write Age beside Development)	Attention / Behavioral Disorders	Headaches (Migraines)
Headaches (Migraines)	Headaches (Migraines) Seizures, Epilepsy Depression Attention / Behavioral Disorders Paralysis Movement disorders Cancer* Hay Fever, Allergy, Eczema Vision/Eye Problems Diabetes Thyroid Disease Other	Headaches (Migraines)
Headaches (Migraines)	Headaches (Migraines) Seizures, Epilepsy Depression Attention / Behavioral Disorders Paralysis Movement disorders Cancer* Hay Fever, Allergy, Eczema Vision/Eye Problems Diabetes Thyroid Disease Other	Headaches (Migraines) Attention / Behavioral Disorders Cancer* Diabetes Diabetes Development (Write Age beside Development) Laughed Out Loud First Words First Words First Put Words Together ie. "daddy", "bye-bye" Completed sentences Rolled over School assessment (According to parents) Grade level? Behavior? Motivation? Development (Write Age beside Development) I. Smile B. Crawled 9. Pulled to stand 10. Walked around furniture 11. Walked unassisted 12. Rode bicycle School assessment (According to parents) Reading level? Behavior? Motivation? Development (Vision/Eye Problen Vision/Eye Proble
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□ Cancer* □ Hay Fever, Allergy, Eczema □ Vision/Eye Problem □ Diabetes □ Thyroid Disease □ Other Notes from above conditions: (ie. types of cancer)	Cancer*	Cancer*
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