**PEDIATRIC PATIENT INTAKE – AGE 0-5**

**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FATHER’S PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY/TOWN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_**

**BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_ BIRTH WEIGHT: \_\_\_\_\_\_\_\_ CURRENT WEIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEX: \_\_\_\_\_\_\_ NO. OF SIBLINGS: \_\_\_\_\_\_\_\_\_\_ BIRTH LENGTH: \_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT LENGTH: \_\_\_\_\_\_\_**

**TYPE OF BIRTH: NORMAL VAGINAL \_\_\_\_\_\_ FORCEPS \_\_\_\_\_\_\_\_ BREECH \_\_\_\_\_\_\_\_\_ CESAREAN \_\_\_\_\_\_**

 **HOME: \_\_\_\_\_\_\_\_\_\_\_ BIRTHING CENTER: \_\_\_\_\_\_\_\_\_\_\_\_ HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_**

**PROBLEMS DURING PREGNANCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROBLEMS DURING LABOR/DELIVERY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APGAR SCORES: \_\_\_\_\_\_\_\_\_\_\_ WAS THERE PRESENCE AT BIRTH OF: \_\_\_\_\_\_\_\_\_\_\_\_\_JAUNDICE (YELLOW)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_CYANOSIS (BLUE)**

**CONGENITAL ANOMALIES/DEFECTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFANT FEEDING: BREAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BOTTLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FORMULA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NO. OF HOURS SLEEP PER NIGHT: \_\_\_\_\_\_\_\_ QUALITY OF SLEEP: GOOD \_\_\_\_\_\_ FAIR \_\_\_\_\_\_ POOR \_\_\_\_\_\_\_\_**

**OBSTETRICIAN/MIDWIFE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME LOCATED AT**

**PEDIATRICIAN/FAMILY MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME LOCATED AT**

**DATE OF LAST VISIT TO MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PURPOSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMMUNIZATION HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PURPOSE OF THIS APPOINTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAS YOUR CHILD EVER BEEN TREATED ON AN EMERGENCY BASIS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATION FOR CARE OF MINOR**

**I HEREBY AUTHORIZE THIS CLINIC AND ITS DOCTOR(S) TO ADMINISTER CARE AS THEY DEEM NECESSARY TO MY SON/ DAUGHTER/ WARD (UPON APPROVAL OF PARENT OR GUARDIAN).**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITNESSED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**I REALIZE THAT I AM RESPONSIBLE FOR ALL FEES CHARGED BY THIS CLINIC AND THAT I WILL PAY FOR ALL SERVICES AS THEY ARE PERFORMED.**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PEDIATRIC CASE HISTORY**

**PREGNANCY HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DELIVERY/BIRTH HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DEVELOPMENTAL HISTORY: AT WHAT AGE DID THE CHILD:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPOND TO SOUND \_\_\_\_\_\_\_\_\_\_\_ CRAWL**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOLLOW AN OBJECT WITH HIS/HER EYES \_\_\_\_\_\_\_\_\_\_\_ STAND**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOLD HEAD UP \_\_\_\_\_\_\_\_\_\_\_ WALK ALONE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIT ALONE**

**CHILDHOOD DISEASES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHICKEN POX \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RUBELLA**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MUMPS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RUBEOLA**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEASLES \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHOOPING COUGH**

 **OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAS THIS CHILD EVER SUFFERED FROM:**

* **Dizziness**
* **Diabetes**
* **Arthritis**
* **Neuritis**
* **Anemia**
* **Poor Appetite**
* **Bed Wetting**
* **Fainting**
* **Neck Problems**
* **Joint Problems**
* **Backaches**
* **Tuberculosis**
* **Headaches**
* **Digestive Disorders**
* **Rheumatic Fever**
* **Hyperactivity**
* **Convulsions**
* **Walking Problems**
* **Arm Problems**
* **Blood Disorders**
* **Heart Trouble**
* **Hypertension**
* **Asthma**
* **Sinus Trouble**
* **Orthopedic Problems**
* **Sugar Concentration**
* **Paralysis**
* **Broken Bones**
* **Leg Problems**
* **Stomach Aches**
* **Chronic Earaches**
* **Colds/Flu**
* **Allergies**
* **Constipation**
* **Diarrhea**
* **Behavioral Problems**
* **Muscle Jerking**
* **Ruptures/Hernias**
* **“Growing Pains”**
* **Other**

**PRESENT HISTORY (DESCRIBE WHAT IS GOING ON NOW): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SURGERY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCIDENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Developed by Peter Pan Potential**