

Portland Dental and naturopathic Clinic

PEDIATRIC INTAKE FORM (Birth- 5 years)

Patient's name _____ Date of first visit _____

Age _____ Date of Birth _____ Gender: female _____ male _____

Mother's name _____ Father's name _____

Address _____ City _____ State _____ Zipcode _____

Phone # (home) (_____) Parents work # (_____)

Cell Phone # (_____)

How did you hear about this clinic? _____

Health insurance: Company _____

Employer _____

Policy/I.D. No. _____ Group/code No _____

Name of insured _____ Insured date of birth _____

Insured SS# _____

Name of Dr.'s Office/Hospital/Clinic where your child's health records are kept _____

Reason for referral or presenting problems _____

MEDICATIONS	Now	Past		Now	Past
Aspirin	_____	_____	Antibiotics	_____	_____
Tylenol	_____	_____	Anti-histamine	_____	_____
Decongestant	_____	_____	Other	_____	_____
Ibuprofen	_____	_____	Allergies to medicines	_____	_____

MEDICAL HISTORY

_____ Chicken pox _____ Scarlet fever _____ Tonsillitis, approx. no. _____

_____ Measles _____ Pneumonia _____ Ear infections, no. _____

_____ Mumps _____ Frequent colds _____ other (please list) _____

_____ Rubella _____ Rheumatic fever

Has your child had any of the following tests? When Where Results

Electroencephalogram

Psychological evaluation

Hearing

Speech/Language

Injuries/Surgeries/Hospitalizations (please list): _____

IMMUNIZATIONS

_____ Measles _____ Polio _____ MMR _____ Smallpox _____ Diphtheria
_____ Mumps _____ DPT _____ Tetanus _____ Influenza
Others (list) _____

Any adverse reactions? Y N What? _____

FAMILY HISTORY

_____ Heart disease _____ Diabetes _____ Birth defects
_____ Hypertension _____ Arthritis _____ Tuberculosis
_____ Cancer _____ Allergies _____ Mental illness

PLEASE COMPLETE BOTH SIDES

PRENATAL HISTORY

Previous pregnancies by natural mother, miscarriages, or complications?

Mother's age at child's birth? _____

Mother's health during pregnancy?

_____ Bleeding _____ Physical or emotional trauma
_____ Nausea _____ Cigarettes, alcohol, drug consumption
_____ Illnesses _____ Medications
_____ Hypertension _____ Thyroid problems _____ Diabetes

BIRTH HISTORY

Term: Full _____ Premature _____ Late _____ Weight at birth _____

Length of labor _____ Complications? _____

Did your child have any of the following problems shortly after birth?

_____ Birth defects _____ Birth injuries _____ Blue baby
_____ Cerebral palsy _____ Seizures _____ Jaundice
_____ Colic _____ Fever _____ Rashes

Other (explain) _____

Child's sleep patterns (first year) _____

Food intolerances (if any) _____

Feeding: Breast fed? ___ how long? _____ Formula? ___ milk / soy _____

Age began solids _____ Which foods? _____

Age began: Sitting _____ Crawling _____ Walking _____ Talking _____

SYMPTOMS (mark **Y** if current, **P** for past symptoms)

_____ Hives	_____ Burning of urine	_____ Bloody urine
_____ Eczema	_____ Frequent urination	_____ Cries easily
_____ Bleeding gums	_____ Heart murmur	_____ Nervous
_____ Nose bleeds	_____ Vomiting spells	_____ Sleep problems
_____ Acne	_____ Anemia	_____ Night sweats
_____ High fevers	_____ Stomach aches	_____ Sensitive to light
_____ Chronic rash	_____ Jaundice	_____ Body/breath odor
_____ Hearing loss	_____ Easy bruising	_____ Motion/car sickness
_____ Diarrhea	_____ Flat feet	_____ No appetite
_____ Sore throats	_____ Constipation	_____ Nightmares
_____ Headaches	_____ Gas	_____ Canker sores

_____ Frequent colds
_____ Wheezing
_____ Cough

_____ Bleeding tendency
_____ Joint pains
_____ Dizzy spells

_____ Unusual fears
_____ Excessive fatigue
_____ Hair loss

DIET

Please describe your child's typical daily diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

To Drink: _____

The above information is true to the best of my knowledge. I understand that, regardless of insurance coverage, I am responsible for payment of services rendered and that a finance charge of 1.5% will be applied, per month, to accounts over 60 days or more. I authorize Portland dental and Naturopathic Clinic to submit charges to my insurance

Please Sign and date below

Signature

Date

Thank you! We look forward to helping your child in any way we can.