## PEDIACTRIC PATIENT INTRODUCTION

CHILD'S NAME:		MOTHER'S NAME			DOB:		
				DOB:			
ADDRESS:				STATE:	STATE: ZIP:		
HOME PHONE:	MOTHER'				MOTHER'S CELL PHONE:		
EMAIL:				FATHER'S CELL PHONE:			
BIRTH DATE:	AGE:	SEX:	NUMBER O	F SIBLINGS:	REFERRED	BY:	
BIRTH WEIGHT:	BIRTH LENGTH	:	CURRENT W	EIGHT:	CURRENT LEI	NGTH:	
THIRD TRIMESTER PRI	ESENTATION: VER	TEX	BREECH	TRANSVE	ERSEFA	CE/BROW	
TYPE OF BIRTH: NORM	MAL VAGINAL	FORCEP	SCESA	REAN	_ SUCTION CAP	OR VACUUM	
LOCATION: HOME	BIRTH	IING CENTE	R	HOSPITAL			
PROBLEMS DURING PR	REGNANCY:						
PROBLEMS DURING LA							
APGAR SCORES:	WAS THERE	PRESENCE	AT BIRTH OF: JA	UNDICE (YELL	OW)?CYAI	NOSIS (BLUE)?	
CONGENITAL ANOMAL	IES/DEFECTS?	IF YES,	PLEASE EXPLAI	N			
INFANT FEEDING: BRE	EAST BOT	TLE	IF BOTTLE, V	VHICH FORMU	LA?		
NUMBER OF HOURS S							
OBSTETRICIAN/MIDWI	Ē						
PEDIATRICIAN/FAMILY							
DATE OF LAST VISIT:							
IMMUNIZATION HISTOF							
NUMBER OF DOSES OF A						HER LIFETIME	
PREVIOUS CHIROPRA							
DATE OF LAST VISIT:							
HAS YOUR CHILD EVER I							
PURPOSE OF THIS API	POINTMENT:						
INSURANCE/BILLING IN							
	AUTH	ORIZATIO	ON FOR CA	RE OF MIN	OR		
I HEREBY AUTHORIZE TH			DMINISTER CARE AS		NECESSARY TO MY S	ON/DAUGHTER/WARD	
SIGNED:		WITN	IESSED:		DATE:		
I RELIZED THAT I AI	M RESPONSIBLE FOR AI X		GED BY THIS OFFIC		D PAY FOR ALL SERV	ICES PROVIDED.	
SIGNED:		DATE	≣				

## PEDIACTRIC PATIENT INTRODUCTION

AT WHAT AGE DID THE CHILD: RESPOND TO SOUNDFOLLOW AN OBJECT WITH HIS/HER EYESHOLD HEAD UP SIT ALONECRAWLSTANDWALK ALONE AT WHAT AGE, IF EVER, DID THIS CHILD SUFFER FROM THE FOLLOWING CHILDHOOD DISEASES? CHICKEN POXMUMPSREASLESRUBELLA RUBEOLAWHOOPING COUGHOTHER HAS THIS CHILD EVER SUFFERED FROM: DHEADACHESORTHAPEDIC PROBLEMSDOBE APPETITEDADDADID DIZENESSREM PROBLEMSDOBE APPETITEDADDADID DIZENESSREM PROBLEMSSTOMACH ACHESDUPTURES/HERNIA DISEIZURES/CONVULSIONSREM PROBLEMSGONING PRAINS DICKNESSDAMM PROBLEMSGONING PRAINS DICKNESSAMM PROBLEMSCONSTIPATIONGROWING PRAINS DICKNOUSEDACKACHESDARRIHEALLERGIES TO	DELIVERY/BIRTH HISTORY:										
RESPOND TO SOUNDFOLLOW AN OBJECT WITH HIS/HER EYESHOLD HEAD UP         SIT ALONECRAWLSTANDWALK ALONE         AT WHAT AGE, IF EVER, DID THIS CHILD SUFFER FROM THE FOLLOWING CHILDHOOD DISEASES?         CHICKEN POXMUMPSMEASLESRUBELLA         RUBEOLAWHOOPING COUGHOTHER         HAS THIS CHILD EVER SUFFERED FROM:         □ HEADACHES       □ ORTHAPEDIC PROBLEMS       □ DIGESTIVE DISORDERS       □ BEHAVIORAL PROBLEMS         □ DIZINESS       □ NCK PROBLEMS       □ DIGESTIVE DISORDERS       □ BEHAVIORAL PROBLEMS         □ FALITING       □ ARM PROBLEMS       □ STOMACH ACHES       □ ADD/AOHD         □ FAILT TROUBLE       □ JOINT PROBLEMS       □ STOMACH ACHES       □ MUSCLE PAIN         □ HEART TROUBLE       □ JOINT PROBLEMS       □ CONSTIPATION       □ GROWING PAINS         □ CHONIC EARACHES       □ DIARTHEA       □ ALLERGIES TO											
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SIT ALONE       CRAWL       STAND       WALK ALONE         AT WHAT AGE, IF EVER, DID THIS CHILD SUFFER FROM THE FOLLOWING CHILDHOOD DISEASES?       CHICKEN POX       MUMPS       MEASLES       RUBELLA       RUDTURES/FERED FROM:       RUPTURES/FERED FROM:       ROWING PAINS       CONSTIPATION       GROWING PAINS         OCHORIC EARACHES       DACKACHES       DIARRHEA       ALLERGIES TO											
AT WHAT AGE, IF EVER, DID THIS CHILD SUFFER FROM THE FOLLOWING CHILDHOOD DISEASES? CHICKEN POXMUMPSNEASLESRUBELLA RUBEOLAWHOOPING COUGHOTHER  HAS THIS CHILD EVER SUFFERED FROM: I HEAACHES I ORTHAPEDIC PROBLEMS I DIGESTIVE DISORDERS I BEHAVIORAL PROBLEMS DIZZINESS I NECK PROBLEMS I POOR APPETITE I ADDIADHD FAINTING ARM PROBLEMS I STOMACH ACHES I RUPTURESHERNIA SEZURES/CONVULSIONS I LEG PROBLEMS I CONSTIPATION I GROWING PAINS CHRONIC EARCHES I BACKACHES I DIARNHEA I ALLERGIES TO											
CHICKEN POX	SIT ALONE		STAND	VVA							
CHICKEN POX	AT WHAT AGE IF EVER DI	) THIS CHILD S			WING CHII DHOO	D DISEASES?					
RUBEOLAWHOOPING COUGHOTHER         HAS THIS CHILD EVER SUFFERED FROM:         I HEADACHES       ORTHAPEDIC PROBLEMS       DIGESTIVE DISORDERS       BEHAVIORAL PROBLEMS         DIZZINESS       I NECK PROBLEMS       D STOMACH ACHES       RUPTURES/HERNIA         SEIZURES/CONVULSIONS       LEG PROBLEMS       STOMACH ACHES       RUPTURES/HERNIA         SEIZURES/CONVULSIONS       LEG PROBLEMS       CONSTIPATION       GROWING PAINS         CHRONIC EARACHES       BACKACHES       DIABETES       ALLERGIES TO											
HAS THIS CHILD EVER SUFFERED FROM:  HEART TROUBLE SUFFERED FROM:  HEART TROUBLE IDIONT PROBLEMS IDIONT PROBLEM											
I HEADACHES       ORTHAPEDIC PROBLEMS       DIGESTIVE DISORDERS       BEHAVIORAL PROBLEMS         I DIZZINESS       INECK PROBLEMS       I POOR APPETITE       I ADD/ADHD         I FAINTING       I ARM PROBLEMS       STOMACH ACHES       RUPTURES/HERNIA         I SEIZURES/CONVULSIONS       LEG PROBLEMS       REFLUX       MUSCLE PAIN         I HEART TROUBLE       J JOINT PROBLEMS       REFLUX       MUSCLE PAIN         I HEART TROUBLE       J JOINT PROBLEMS       I CONSTIPATION       G ROWING PAINS         I CHRONIC EARACHES       BACKACHES       D JARRHEA       ALLERGIES TO			· • · · · · · ·	···· <u> </u>							
DIZZINESS       NECK PROBLEMS       POOR APPETITE       ADD/ADHD         FAINTING       ARM PROBLEMS       STOMACH ACHES       RUPTURES/HERNIA         SEIZURES/CONVULSIONS       LEG PROBLEMS       REFLUX       MUSCLE PAIN         CHRANT TROUBLE       JOINT PROBLEMS       CONSTIPATION       GROWING PAINS         CHRONIC EARACHES       BACKACHES       DIARTEA       ALLERGIES TO	HAS THIS CHILD EVER SUF	FERED FROM:									
FAINTING       ARM PROBLEMS       STOMACH ACHES       RUPTURES/HERNIA         SEIZURES/CONVULSIONS       LEG PROBLEMS       REFLUX       MUSCLE PAIN         HEART TROUBLE       JOINT PROBLEMS       CONSTIPATION       GROWING PAINS         CHRONIC EARACHES       BACKACHES       DIARHEA       ALLERGIES TO	□ HEADACHES	ORTHAPEDIC PROBLEMS		DIGESTIVE DISORDERS		BEHAVIORAL PROBLEMS					
SEIZURES/CONVULSIONS       LEG PROBLEMS       REFLUX       MUSCLE PAIN         HEART TROUBLE       JOINT PROBLEMS       CONSTIPATION       GROWING PAINS         CHRONIC EARACHES       BACKACHES       DIARRHEA       ALLERGIES TO		□ NECK PROBLEMS		POOR APPETITE		□ ADD/ADHD					
HEART TROUBLE       JOINT PROBLEMS       CONSTIPATION       GROWING PAINS         CHRONIC EARACHES       BACKACHES       DIARRHEA       ALLERGIES TO			□ ARM PROBLEMS		CH ACHES	RUPTURES/HERNIA					
CHRONIC EARACHES       BACKACHES       DIARRHEA       ALLERGIES TO	□ SEIZURES/CONVULSIONS	LEG PROBLEMS		REFLUX		□ MUSCLE PAIN					
SINUS TROUBLE       POOR POSTURE       DIABETES       ALLERGIES TO	HEART TROUBLE	□ JOINT PROBLEMS									
ASTHMA SCOLIOSIS HYPERTENSION ALLERGIES TO	CHRONIC EARACHES	□ BACKACHES		DIARRHEA							
COLD/FLU WALKING TROUBLE ANEMIA OTHER	□ SINUS TROUBLE	□ POOR POS	D POOR POSTURE		ES						
COLIC       BROKEN BONES       BED WETTING       OTHER	□ ASTHMA										
HAS THIS CHILD EVER SUFFERED FROM:  FALL FROM BEAD OR COUCH FALL OFF SKATEBOARD OR SKATES FALL FROM CRIB FALL OFF SWING FALL OFF SWING FALL OFF BYCICLE FALL FROM HIGHCHAIR FALL OFF SLIDE FALL DOWN STAIRS FALL FROM CHANGING TABLE FALL OFF MONKEY BARS OTHER HAS THIS CHILD EVER SUSTAINED AN INJURY PLAYING ORGANIZED SPORTS? IF YES, PLEASE EXPLAIN: HAS THIS CHILD EVER SUSTAINED AN INJURY IN AN AUTO ACCIDENT? IF YES, PLEASE EXPLAIN: PARENT HISTORY:	COLD/FLU	□ WALKING T	WALKING TROUBLE		A						
I FALL IN BABY WALKER I FALL FROM BEAD OR COUCH I FALL OFF SKATEBOARD OR SKATES   I FALL FROM CRIB I FALL OFF SWING I FALL OFF BYCICLE   I FALL FROM HIGHCHAIR I FALL OFF SLIDE I FALL DOWN STAIRS   I FALL FROM CHANGING TABLE I FALL OFF MONKEY BARS I OTHER		□ BROKEN BONES									
I FALL IN BABY WALKER I FALL FROM BEAD OR COUCH I FALL OFF SKATEBOARD OR SKATES   I FALL FROM CRIB I FALL OFF SWING I FALL OFF BYCICLE   I FALL FROM HIGHCHAIR I FALL OFF SLIDE I FALL DOWN STAIRS   I FALL FROM CHANGING TABLE I FALL OFF MONKEY BARS I OTHER											
□ FALL FROM CRIB □ FALL OFF SWING □ FALL OFF BYCICLE □ FALL FROM HIGHCHAIR □ FALL OFF SLIDE □ FALL DOWN STAIRS □ FALL FROM CHANGING TABLE □ FALL OFF MONKEY BARS □ OTHER HAS THIS CHILD EVER SUSTAINED AN INJURY PLAYING ORGANIZED SPORTS? IF YES, PLEASE EXPLAIN: HAS THIS CHILD EVER SUSTAINED AN INJURY IN AN AUTO ACCIDENT? IF YES, PLEASE EXPLAIN: PARENT HISTORY: SURGERY: MEDICATIONS: ACCIDENTS:											
FALL FROM HIGHCHAIR   FALL OFF SLIDE   FALL DOWN STAIRS    IF ALL FROM CHANGING TABLE IF FALL OFF MONKEY BARS OTHER    HAS THIS CHILD EVER SUSTAINED AN INJURY PLAYING ORGANIZED SPORTS? IF YES, PLEASE EXPLAIN:				COUCH							
HAS THIS CHILD EVER SUSTAINED AN INJURY PLAYING ORGANIZED SPORTS? IF YES, PLEASE EXPLAIN: HAS THIS CHILD EVER SUSTAINED AN INJURY IN AN AUTO ACCIDENT? IF YES, PLEASE EXPLAIN: PARENT HISTORY: SURGERY: MEDICATIONS: ACCIDENTS:											
HAS THIS CHILD EVER SUSTAINED AN INJURY IN AN AUTO ACCIDENT? IF YES, PLEASE EXPLAIN: PARENT HISTORY: SURGERY: MEDICATIONS: ACCIDENTS:					<u> </u>						
HAS THIS CHILD EVER SUSTAINED AN INJURY IN AN AUTO ACCIDENT? IF YES, PLEASE EXPLAIN: PARENT HISTORY: SURGERY: MEDICATIONS: ACCIDENTS:	HAS THIS CHILD EVER SUSTA	AINED AN INJUR	Y PLAYING ORG	GANIZED SP	ORTS? IF YI	ES, PLEASE EXPLAIN:					
PARENT HISTORY:											
SURGERY:	HAS THIS CHILD EVER SUSTA	AINED AN INJUR	Y IN AN AUTO A	CCIDENT?	IF YES, PLE	ASE EXPLAIN:					
SURGERY:											
SURGERY:	PARENT HISTORY:										
SURGERY:											
SURGERY:											
MEDICATIONS:ACCIDENTS:											
ACCIDENTS:	SURGERY:										
	MEDICATIONS:										
FAMILY HISTORY:	ACCIDENTS:										
	FAMILY HISTORY:										