

patient label

We are glad **you** are here! Help us get things started by answering a few questions ...

**who lives @ your house?...don't forget to include you!**

their names:	born when:	relationship:	what do they do:

sometimes **we** send out emails.  
we **will NOT share** your address. \_\_\_\_\_@\_\_\_\_\_.com

How did you hear about us?

**ANY CONCERNS** :  
**today?**

**Please TELL us ABOUT your CHILD:**

ALLERGY to any **MEDICATIONS**:  NONE KNOWN  YES:

Does your child **TAKE** any medications?  No  Yes:

Check box if they take:  FLUORIDE |  MULTIVITAMINS |  SUPPLEMENTS:

Have they had routine **vaccinations**?  all  some  not sure  no, they haven't.

**How about when they were BORN:**

BIRTH:  @ TERM,  early,  late, \_\_\_\_\_ weeks, ●● ► **WEIGHT:** \_\_\_\_\_ pounds \_\_\_\_\_ ounces

DELIVERY:  hospital  home;  vaginal  C-section ...why? :

ANY COMPLICATIONS OR PROBLEMS:  No  Yes:

ANY MEDS TAKEN DURING PREGNANCY:  No  Yes:

SMOKE?  ALCOHOL ?  Did you use ANY drugs? :

**ANY serious PAST MEDICAL PROBLEMS? (see next page for a check list)**

No, thankfully they've been healthy!

HOSPITALIZATIONS:  No  Yes:

SURGERIES:  No  Yes:

ER / URGENT VISITS:  No  Yes:

## how about things @ home?

Parents are:  married |  not married |  separated |  divorced |  a parent previously died

Parent serving in military |  Any custody details:

Child also cared for by:  Relative  daycare  preschool  sitter/nanny:

Anyone smoke in your family?  No |  Yes:  outside  inside too  in car sometimes

ANY **guns** in your household?  No,  Yes:  trigger locks?  gun safe/lock box?  loaded  unloaded

Do you have financial stress?  Yes  No

House constructed before 1950?  Yes  No. Before 1978 & remodeled recently?  Yes  No

Do you feel **safe** at home?  Yes  No. History of  abuse?  neglect?

\*Any details that would be good for us to know ?:

## PAST MEDICAL HISTORIES:

your child:	Yes	No	you & relatives:	Yes	No
No prior serious illness			No prior serious illnesses		
No active problems			Family history of birth defects		
Allergies or hay fever			Sudden death		
Anemia			Heart attack before 50 yr.		
Anxiety			High Cholesterol		
Asthma or wheezing			High Blood Pressure		
ADHD			Stroke		
Caffeine use			Anemia		
Color Blindness			Diabetes		
Constipation/accidents			Obesity		
Depression			Thyroid disease		
Diabetes			Cancer		
Eczema			Asthma		
Enuresis / Bedwetting			Allergic rhinitis/hayfever		
Headaches			Eczema		
Migraine Headaches			Headaches: chronic/ migraine		
Neonatal Jaundice			Seizures		
Otitis Media / Ear infections			Hearing loss		
Pneumonia			Anxiety		
Poor Growth			Depression		
School Phobia			ADHD		
Seizures			Learning disorder		
Thyroid Problems			Autism		
Urinary Tract Infection			Alcohol abuse		
Varicella / Chicken pox			Drug abuse		
Vegetarian diet			Deafness before age 5 years		
Vision problems			Kidney disease		
Hearing Problems					
School Difficulty					
<b>* OTHER?:</b>			<b>* OTHER?:</b>		