

# Pediatric Intake

Patient Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Pediatrician \_\_\_\_\_

Pediatrician Phone # \_\_\_\_\_

May we discuss this case with the pediatrician? \_\_\_\_\_

## Parent/Guardian/Emergency Contact

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Email: \_\_\_\_\_

Check if you do NOT want to be on our mailing list

What is the main reason for your visit today? \_\_\_\_\_

### Does the Patient Have

Any Allergies? \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

Chronic Health Problems? \_\_\_\_\_

Trouble in School? \_\_\_\_\_

Mood Disorders? \_\_\_\_\_

Seizures? \_\_\_\_\_

Vaccinations? \_\_\_\_\_

**Please List any Diseases the Patient  
has or has had in the past**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list all medications and  
supplements the patient currently takes:**

**Is there anything else about the patient  
that we should know?**

Were there any abnormalities during pregnancy? \_\_\_\_\_

How was the child delivered? (Vaginal, Cæsarean, Forceps, etc) \_\_\_\_\_

How many siblings, older and younger? \_\_\_\_\_

Has the patient ever had acupuncture before? If so, when? \_\_\_\_\_

Who can we thank for referring you here? \_\_\_\_\_

What did the patient have for breakfast today? \_\_\_\_\_