

PEDIATRIC NEW PATIENT INTAKE FORM

PATIENT INFORMATION

Full Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone Number: _____
 Date of Birth: ____/____/____
 Age: _____ Gender: Male / Female
 Social Security Number: ____-____-____
 Found Clinic By: Phone Book / Ad / Referral
 Patient Attends: School / Daycare / Preschool / At Home

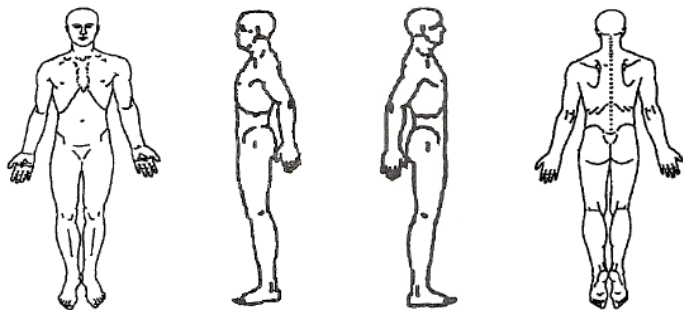
Parent(s)/Guardian _____
 Siblings: _____
 Special Circumstances: _____
 Person Responsible for Payment: _____
 Payment By: Cash / Check / Credit Card / Ins.
 If using insurance, please take your card to the front desk to copy or ask for a form to fill out
 Emergency Contact: _____
 Relationship: _____ #: _____
 School / Daycare: _____
 Grade: _____

PATIENT HISTORY

Birth Weight: _____ pounds
 Current Weight: _____ pounds
 Rate Patient Health 1-5 Scale: _____
 Rate Patient Diet 1-5 Scale: _____
 Amount of Sleep / Night: _____
 Quality of Sleep: Good / Fair / Poor
 Sleeping Position: Back / Side / Stomach
 Check All That Apply:
 _____ Sleeps with more than 1 pillow
 _____ Carries bag / backpack on one side
 _____ Uses a waterbed / very soft mattress
 Significant Family History: Cancer / Stroke
 Heart Disease / Diabetes / Epilepsy /
 Migraines / Arthritis / Thyroid Contions /
 Other: _____
 Past Chiropractic Care: Yes / No
 Reason for visit: _____

Type of Birth: Vaginal / Breech / C-Section
 Pregnancy Complications: _____
 Delivery Complications: _____
 Pediatrician/Primary Doctor: _____
 Facility: _____
 Please Circle All That Apply: Fractures / Falls /
 Dislocations / Head Injuries / Car Accidents /
 Surgeries / Seizures / Hospitalizations / Other: _____
 Problems With: Colic / Reflux / Constipation /
 Allergies / Asthma / Ear Infections / Other: _____
 Past Medical Conditions: _____
 Prescriptions: _____
 Over the Counter Drugs: _____
 Supplements: _____
 Patient Fully Immunized? Yes / No

Please circle the area(s) on the diagram to the right where the patient is experiencing pain.



The statements made on this form are accurate to the best of my recollection & I have left nothing out.

Signature of Parent/Guardian

Date