



Pediatric Intake Information

1. Please list the problems for which you are bringing your child to our practice.
2. Please give a history of any difficulties you experienced with your pregnancy and/or delivery.
3. When did you first notice your child's problem?
4. Please give a complete medical history for your child (including general health, vaccinations, surgeries, etc.)
5. Please list all traumas (falls, accidents, blows to the head) that your child has suffered.
6. Please describe your child's eating habits, and bowel and bladder control.
7. Describe your child's current activity level and what he/she enjoys doing during the day.
8. Please list all medication your child is presently taking.
9. Additional comments: