Boise Natural Health

Dear Patient,

Welcome to Boise Natural Health!

The following document is our **New Patient Pediatric Intake Form for children under 18 and girls who have not started menstrual cycles.** Please print it out, complete it as best you can and bring it with you to your appointment. It is also helpful to bring any supplements and/or medications you are currently taking. If you have copies of laboratory reports it is a good idea to bring these along as well. You may also want to have labs forwarded to our office from your other providers ahead of time

Please be aware that our office is "Fragrance Free". Please do not wear scents to our office that are perceptible by others such as perfume, cologne, scented hair spray, scented deodorant, or scented lotion. We appreciate your respect for our chemically sensitive patients and staff.

If you have any questions, please feel free to contact us at 338-0405. If for any reason you need to cancel or change your appointment we request you give us 24 hours notice and please do so via phone and not by email reply.

We look forward to meeting with you.

The Staff at Boise Natural Health

Boise Natural Health

4219 W. Emerald Street, Boise, ID 83706 | office 208-338-0405 | fax 208-422-9957 |
www.boisenaturalhealth.com

PEDIATRIC PATIENT INTAKE FORM

Today's Date_____

PERSONAL INFORMATION

Child's Name_____Age_____Date of Birth_____Gender_____

Mother's Name_____Father's Name_____

Child lives with _____

Mailing Address_____

City_____State_____Zip_____

Address of other parent (if different from above)_____

_____

Mother's phone (home)_____(work)_____(cell)_____

Father's phone (home)_____(work)_____(cell)_____

Current school _____ Grade _____

How did you hear about our clinic?_____

Would you like to receive our Free Monthly E-Postcard with health news and events listings Y N

Email_____

MEDICAL HISTORY

List current health concerns in order of importance:

_____

_____

_____

List all prescription medications, nutritional supplements, herbs, or homeopathic remedies currently being taken. Please list doses if known.

_____

_____

_____

_____

Please list any medications, natural or prescription, your child has taken in the past:_____

Allergy to any medicines, if so what?

List past surgeries or hospitalizations. Please list age.

Blood type (A/B/O)

Has your child been immunized? If so, has the recommended schedule been followed?

If not, please explain

Has there been any negative reaction to vaccinations?

FAMILY MEDICAL HISTORY

Do any close relatives (grandparents, parents, siblings) have any of the following medical conditions?

Please circle which applies:

High Blood Pressure, Heart Attack, Stroke, Obesity, Diabetes, Glaucoma, Asthma, Hayfever, Eczema, Skin Disease, Food Allergies, Emphysema, TB, Lung Cancer, Breast Cancer, or other Cancer, Birth Defects, Suicide, Depression, Mental Illness, Alcoholism, Epilepsy, Ulcers, Arthritis, Gout, Thyroid Disease, Easy Bleeding, Sickle Cell Anemia, Osteoporosis

BIRTH HISTORY

Birth order of this child Number of siblings

Where there any complications during pregnancy or labor and delivery? Please explain.

DIET

How was your child fed as an infant? Breast fed? How long?

Formula? Type?

What age did your child begin eating solid foods? Which foods?

Any unusual reactions to solid foods as an infant?

Please describe your child's typical daily diet. If breastfeeding, describe mother's diet.

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Drinks _____

Does your child eat school prepared meals or snacks? _____

Which foods, condiments, flavors does your child crave? _____

_____

Which foods, condiments, flavors does your child dislike? _____

_____

Does your child have any food sensitivities or intolerances, either current or in the past? _____

_____

Is there anything you wish to discuss about behavior or emotions? If so, please explain.

_____

_____

_____

Is there anything else you wish to add? _____

_____

_____

_____

_____

_____

_____

_____

Thank you for taking the time to complete this form.