



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



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 Full 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) _____

Mother's Email _____

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

Father's Email _____

Current school _____ Grade _____

How did you hear about our clinic? _____

Would you like to receive our Monthly Email Newsletter with health news and event listings? Y N

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.