Minor Intake Form

ABOUT THE CHILD: **Today's date**_____

Name_____ Age_____ Birthdate___/___/_____ Sex F M

Address:_____ City_____State___ Zip_____

Whom may we thank for referring your child to our office?_____

ABOUT THE PARENTS:

Mother's Name_____ Phone number_____

Father's Name_____ Phone number_____

Address if different from above:_____

FAMILY HISTORY:
Please check all that apply:

___arthritis (parent)
___heart problem (parent)
___diabetes (parent)
___cancer (parent)
___stroke (parent)
___Other:_____

___arthritis (sibling)
___heart problem (sibling)
___diabetes (sibling)
___cancer (sibling)
___stroke (sibling)

REASON FOR VISIT:

Please specify_____

When did the condition begin:_____ How did it begin?_____

Has the condition..gotten worse stayed constant gotten better

Does the condition interfere with sleep daily routine other activities_____

Have the child seen other doctors for this condition? Yes No

Doctor Name & Address_____

Type of treatment_____

Results_____

HEALTH HISTORY:

Has the child ever had any of the following conditions/symptoms? Please indicate "**N**" if now or "**P**" if in the past. **N=Now** **P=Past**

___ear infections	___problems sleeping	___leg problems
___learning disorders	___bedwetting	___scoliosis
___joint problems	___back problems	___poor posture
___recurrent fevers	___walking trouble	___arm problems
___constipation/diarrhea	___frequent colds	___asthma
___growing pains	___neck problems	___allergies
___sinus problems	___diabetes	___digestive issues
___heart problems	___headaches	___behavior problems

Does the child take vitamins or supplements_____

Has the child been involved in high contact sports/activities? No Yes_____

Has the child been hospitalized or had surgery? No Yes If yes, when and

for what reason?_____

Has the child been involved in a car accident of other traumatic injury? No Yes

If yes, details_____

Please list any recreational activities that the child is involved in_____

_____

Any other information you think would be helpful for Dr. Wild to know_____

_____