

Pediatrics Intake Form

Child's Name: _____ Date of Birth: _____

Gender: M/F Height: _____ Weight: _____

Parents/Guardians: Mother: _____ Father: _____
(if patient <18 years of age)

Address: _____

Telephone Numbers

Mother - Home: _____ Work: _____ Cell: _____

Father - Home: _____ Work: _____ Cell: _____

Email Address: _____

Family Dynamics

Siblings - Names / Ages: _____

Step-parents / Legal guardians:

Name: _____ Phone #: _____

Visitation / Care Status: _____

Day Care or Babysitter Name and Telephone: _____

Other Health Care Providers:

Name: _____ Specialty: _____

Phone: _____

Name: _____ Specialty: _____

Phone: _____

CHIEF CONCERNS

What is it? When did it start? Who also is/ has treated the condition? How? What makes it better or worse? _____

Other health concerns: (in order of importance) _____

If you are unsure about any of the following questions, feel free to leave blank and discuss them further with the doctor.

Describe child's present health:
EXCELLENT GOOD FAIR POOR

- Allergies: (food, med.'s, environmental)

- Asthma:
Treatment _____
- Bedwetting
- Chemical exposure (smoke, pets, H2O)

- Chicken pox
Date: _____
- Croup
Date: _____
- Ear Infections
Date: _____
- Frequent colds
#/Yr. _____
- Impetigo
Date: _____
- Measles
Date: _____
- Meningitis
Date: _____

- Mononucleosis
Date: _____
 - Mumps
Date: _____
 - Roseola
Date: _____
 - Rubella
Date: _____
 - Scarlet fever
Date: _____
 - Skin conditions: _____
 - Surgeries:
Approximate Date / Conditions

 - Whooping cough
Date: _____
 - Hospitalizations
Dates: _____

- Other: _____

FAMILY MEDICAL HISTORY

Abbreviations for family members:

Mother (M) Father (F) Siblings (S) please specify
Paternal GP's (PGM / PGF)

Maternal GP's (MGM / MGF)

CONDITIONS / ILLNESS / DISEASES

- ADHD/ ADD

- AIDS

- Asthma

- Arthritis

- Auto-immune diseases

- Blood diseases

- Cancer

- Diabetes Type I or II

- Heart disease (HTN, CHF etc.)

- GI disorders (e.g. Ulcers)

- Respiratory disease

- Sexually transmitted diseases

- Sleep disorders

- Urinary problems

- Vision / hearing problems

- Other

PRENATAL / BIRTH / NEONATAL HISTORY

Age of parents at conception: Mother _____ Father _____

Was there any health concerns of either parent prior to conception? If so, explain: _____

Was the mother on any medication prior / during / after the pregnancy? If so, please list _____

Was the child's pregnancy planned? Yes / No Was there any difficulty conceiving? Yes / No

Any interventions? Yes / No If yes, please explain _____

MEDICATIONS / SUPPLEMENTS / DIET

Please list all current medications (prescribed or otherwise and / or supplements(vitamins, herbs, homeopathics): _____

Please list all past prescriptions and supplementations: _____

Was the child breast-fed? Yes / No If yes, for how long? _____

When was formula introduced? _____

What kind of formula? _____

Please describe the child's typical diet:

Breakfast: _____

Snacks: _____

Lunch: _____

Snacks: _____

Dinner: _____

Beverages (kind and quantity): _____

****DR. WENDY'S CANCELLATION POLICY****

All of Dr Wendy's clients will receive a complimentary reminder call/email 24-48 hours prior to their scheduled appointment. However, this is a courtesy call/email and appointments are considered confirmed at the time of booking. We request that two business days (48 hours) notice be given for cancellations to avoid a cancellation fee.

Client/parent/guardian initial

CONSENT TO TREATMENT

I hereby consent to the treatment offered to me by Dr. Wendy Davis. It is my full understanding that Dr. Wendy Davis is a licensed Doctor of Naturopathic Medicine. It is my own choice and decision to accept the treatments offered by Dr. Wendy Davis.

I hereby consent to the diagnosis offered to me by Dr. Wendy Davis. It is fully understood that Doctors of Naturopathic Medicine are trained in diagnosis. It is my own choice and decision to accept a diagnosis offered by Dr. Wendy Davis ND. I am fully aware that I have the right to a second opinion.

I understand that Intravenous Therapy, Acupuncture and Allergy Testing does not fall within the standard training of a Naturopathic Doctor. I understand that these are adjunctive therapies to Naturopathic Medicine for which Dr. Wendy Davis ND has received specific training, separate from her training at the Canadian College of Naturopathic Medicine.

SaskHealth does not cover laboratory examinations. They vary in cost depending on the tests required. These costs will always be communicated before they are ordered.

Botanical and homeopathic medications, as well as nutritional supplements, can be obtained from Harmony Health Naturopathic Clinic. You are free to obtain these supplements from any other source.

Signature: _____ Date: _____
(Patient or legal guardian if under 18 years of age)