



Medicine Naturally
Integrative practice for children and women
 922 S Cowley St, Ste 7, Spokane WA 99202
 Ph: (509)262-8145 / www.medicine-naturally.com

PEDIATRIC INTAKE FORM (BIRTH TO 5 YEARS)

Patient's Name: _____ Date: _____

How did you hear about this clinic? Google____ Other_____

Has any other family member already been a patient at this clinic?_____

Name of doctor's office/hospital/clinic where your child's health records are kept:_____

What is the reason for today's visit: _____

MEDICATIONS

NOW	PAST	Aspirin	NOW	PAST	Decongestants
_____	_____	Tylenol	_____	_____	Anti-histamine
_____	_____	Antibiotics	_____	_____	Other _____
_____	_____	Ibuprofen	Allergies to medicines: _____		

MEDICAL HISTORY

_____ Chicken pox	_____ Bronchitis	_____ Tonsillitis, approx no. of times: _____
_____ Skin rashes	_____ Pneumonia	_____ Ear infections, approx no. of times: _____
_____ Eczema	_____ Frequent colds	_____ Strep throat, approx no. of times: _____
_____ Asthma	_____ Sinus Infection	_____ Other: _____

Has your child ever had any of the following?

WHEN WHERE RESULTS

Electroencephalogram (EEG): _____

Psychological evaluations: _____

Hearing test: _____

Speech/language tests: _____

Injuries/surgeries/hospitalizations (please list): _____

IMMUNIZATIONS

Are immunizations up to date? Y / N (Please bring records at first visit)

Adverse reactions: Y / N

If yes, what? _____



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DIET

Please describe your child's typical daily diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

To drink: _____