

PEDIATRIC SERVICES, PA PATIENT INTAKE FORM

TODAY'S DATE	CONTACT PREFERENCE <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Telephone
CHILD'S NAME	DATE OF BIRTH

PARENT'S INFORMATION		
	PARENT	PARENT
Full Name		
Date of Birth		
Street Address		
City / State		
Zip Code		
Home Phone		
Employer		
Occupation		
Work Phone		
Mobile Phone		
Email Address		

Parent's Marital Status: Married Separated Divorced Unmarried Widowed

EMERGENCY CONTACT - RELATIVE TO PARENTS

Name _____

Address _____

City / State _____

Home Phone _____

Who referred you to our Clinic? _____

MEDICAL INSURANCE

	PRIMARY INSURANCE	SECONDARY INSURANCE
Insurance Co.		
Policy Holder		
Social Security #		
Group Number		
Policy ID Number		

SOCIAL HISTORY

Names and ages of siblings: _____

Who lives in family home: Father Mother Siblings Stepmother Stepfather Grandparents Foster Parents

Attends Daycare? Yes / No Nanny Full Time Part Time Location: _____

Smokers around child? Yes / No Father Mother Brother Sister Grandfather Grandmother Friend Daycare

Pets in home? Yes / No Dog(s) Cat(s) Fish Birds Gerbils Hamster Other: _____

Guns in home? Yes / No (Guns are kept: Unloaded Locked Ammunition stored separately)

PLEASE COMPLETE BOTH SIDES

PATIENT'S PAST MEDICAL HISTORY

Hospital of Birth	Newborn seen in hospital by our doctors? Yes / No
Child's previous doctor	Mother's OB Doctor
Hospitalizations (list) 1.	Surgeries (list) 1.
2.	2.
3.	3.
Prior Problems (list) 1.	4.
2.	Food Allergies: Yes / No (List) 1.
3.	2.
Medication Allergies: Yes / No (List) 1.	3.
2.	4.
3.	5.

PATIENT'S FAMILY HISTORY

Does any member of the **CHILD'S IMMEDIATE** family have any of the following condition?

PGF = dad's father PGM = dad's mother MGF = mom's father MGM = mom's mother Uncle - child's uncle Aunt = child's aunt

	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Anesthesia Reactions	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Bleeding Disorders (hemophilia, VonWill.)	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
ADD/ADHD	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Allergies	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Anxiety	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Asthma	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Autism / Aspergers	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Cancer - Breast	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Cancer - Leukemia	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Cancer - Lung	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Cancer - Ovarian	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Cancer - Testicular	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Cancer - Other:	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Congenital Heart Disease	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Coronary Artery Disease	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Depression	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Diabetes	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Drug/Substance Abuse	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Food Allergies	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
HIV/AIDS	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Heart Attack	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
High Blood Pressure	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
High Cholesterol	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Kidney Stones	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Osteoporosis "bone softening"	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Overweight	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Rheumatoid Arthritis	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Seizures/Epilepsy	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Sudden Infant Death / SIDS	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Stroke/Cerebrovascular Accident	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Sudden Cardiac Death	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Thyroid Disease	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
/Kidney Reflux	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt
Other:	Yes / No	Father	Mother	Brother	Sister	PGF	PGM	MGF	MGM	Uncle	Aunt