Nickel Ridge Physiotherapy
Naturopath - Massage Therapy

Pediatric Intake Form

Today's date: _____

Name:_____ Age:_____ Birth date:_____ M ☐ F ☐

Guardian name & relationship:_____

Address: _____City: _____ Postal: _____

Home Phone #: (____)_____Work #: (____)_____

E-mail: _____ Preferred method of contact: Home # ☐ Work # ☐ Email ☐

I authorize _____, Doctor of Naturopathic Medicine who has been engaged by me as she may select or approve, to examine and administer Naturopathic care and treatment to _____ whose relationship to me is as a _____. I have been given an explanation of and understand the nature of naturopathic medical care and treatment. I authorize Cayla Bronicheski, Naturopathic Doctor, to take whatever measures she considers necessary or desirable in connection with such Naturopathic care and treatment.

Dated in the province of Ontario, this _____ day of _____(month), _____(year).

_____ _____

Parent or Guardian of Minor (print name) Signature

_____ _____

Witness (print name) Signature

Whom does the child live with? Are there any pets?

_____

1177 Barrydowne Road, Suite 102
Sudbury, ON
P3A 3V4

What are the child's health concerns, in order of importance?

1. _____

2. _____

3. _____

4. _____

5. _____

Medical History:

How would you describe your child's general state of health? (Please check)

Excellent ☐ Good ☐ Fair ☐ Poor ☐

How would you describe your child's usual energy level? _____/10 (0 = no energy, 10 = an abundance of energy)

Please indicate any serious condition, illnesses or injuries, and any hospitalizations/surgeries: along with approximate dates.

_____

_____

Which of the following has your child had?

☐ Rubella	☐ Mumps	☐ Whooping cough	☐ Mononucleosis
☐ Measles	☐ Roseola	☐ Strep throat	☐ Ear infections
☐ Chicken pox	☐ Scarlet fever	☐ Impetigo	☐ Herpes Simplex

Has there been a significant gain or loss of weight? ☐ Yes ☐ No

Has there been a failure to gain weight appropriate for child's age? ☐ Yes ☐ No

1177 Barrydowne Road, Suite 102
Sudbury, ON
P3A 3V4

Does your child have any allergies (medicines, environmental, etc.). If yes, please record reaction to allergen (rash, itching, runny nose, watery eyes, difficulty breathing, etc.)?

_____

_____

Does your child have any food allergies and/or intolerance? Please list food item and reaction to allergen.

_____

_____

Please list all current medications (prescription, over-the-counter, vitamins, herbs, homeopathics, etc.). Please list dose, frequency, and brand name.

_____

_____

Please list past prescription medications.

_____

_____

How many times has your child been treated with antibiotics?

_____

Please indicate the immunizations your child has had; please indicate date(s) of immunizations:

- ☐ DPT (diphtheria, pertussis, tetanus): _____ ☐ Flu:_____
- ☐ Tetanus booster: _____ ☐ Polio: _____
- ☐ MMR (measeles, mumps, rubella): _____ ☐ Hepatitis B: _____
- ☐ Haemophilus influenza B: _____ ☐ Hepatitis A: _____
- ☐ Other? _____

Please indicate if any caused adverse reactions (for example, fever, rash, ear ache, behavioural disturbances, etc.) immediately or up to a month following vaccinations:

_____

_____

What is the emotional climate of the home?

_____

Is he/she having any trouble at school?

_____

1177 Barrydowne Road, Suite 102
Sudbury, ON
P3A 3V4

Family History:

Indicate if a close relative (grandparent, parent, sibling) has or has had any of the following:

	Who?		Who?
Alcoholism		Hodgkin's	
Allergies		Hypertension	
Arthritis		Juvenile arthritis	
Asthma		Kidney disease	
Autoimmune disease		Learning disability	
Blood disorder		Mental illness	
Birth Defects		Seizure disorder	
Cancer		Sickle cell anemia	
Cardiovascular disease		Stroke	
Diabetes (I or II)		Tuberculosis	
Endocrine disease		Other?	

Do either of the parents/guardians and/or siblings have a chronic illness?

_____

Grandparents' History:

Relative	Alive/Deceased?	Age/Age at Death	Major Health Conditions
Maternal grandmother			
Maternal grandfather			
Paternal grandmother			
Paternal grandfather			

1177 Barrydowne Road, Suite 102
Sudbury, ON
P3A 3V4