

**PAEDIATRIC PATIENT INTRODUCTION**

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
(First) (Last) (First) (Last)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Siblings (#): \_\_\_\_\_  
(Day/Month/Year)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_ Dad's Work Phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Doctor's Name and Phone #: \_\_\_\_\_

Whom can we thank for this referral? \_\_\_\_\_

**REASON FOR VISIT**

Wellness Check \_\_\_\_\_ Specific Concern (please describe): \_\_\_\_\_

**GENERAL HEALTH HISTORY**

Has your child been hospitalized or had surgery? (e.g. accidents, illnesses, tonsillectomy, tubes in the ears, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been prescribed medication? When? \_\_\_\_\_ What for? \_\_\_\_\_  
\_\_\_\_\_

Has your child suffered any physical trauma? (e.g. falls from change tables or down stairs, car accidents, sports injuries, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please **circle** any condition that has affected your child in the past or that is currently an issue:

- |                           |                       |                    |                         |
|---------------------------|-----------------------|--------------------|-------------------------|
| Colic                     | Diarrhea              | Constipation       | Gastroesophageal Reflux |
| Ear infections            | Bed Wetting           | Sleep Difficulties | Torticollis/Wry Neck    |
| Frequent Coughs/Colds     | Learning Difficulties | Hyperactivity      | Growing Pains           |
| Irregular/Painful Periods | Allergies             | Headaches          | Neck Pain               |
| Back Pain                 | Digestive Trouble     | Asthma             | Leg/Arm Pain            |

**FAMILY HEALTH HISTORY**

Cancer Stroke Diabetes Heart Disease  
Arthritis Thalassemia Sickle Cell Disease Connective Tissue Disorder  
Other: \_\_\_\_\_

Thank you for taking the time to complete this questionnaire. The answers you have provided will help me to better understand your child's state of health and determine the most effective course of care.