

Intake Form / Pediatric Addendum

Birth History:

Full term ____ Premature ____ wks Birth weight _____

Complications during pregnancy or delivery _____

After delivery: Jaundice ____ Infection ____ Respiratory ____ Oxygen ____ Apnea ____ Intubated ____ Feeding issues ____

Infancy:

Breast fed ____ Duration _____ Formula fed ____ Type of formula _____

Difficulties with vomiting, diarrhea, constipation, etc _____

Developmental challenges: Motor skills ____ Vision ____ Hearing ____ Speech ____

Please describe _____

Infancy / Childhood:

Please note age and # of occurrences when possible. Include occurrences that have been problematic vs. isolated *

Ear infections	Rashes*
Urinary tract infections	Snoring*
Use of antibiotics	Headaches*
Asthma	Stomachache*
Eczema	Vomiting*
Sinusitis	Diarrhea*
Tonsillitis / Strep throat	Constipation*
Bronchitis / Pneumonia	Indigestion*

Behavior / Temperament:

Easy to please ____	Hard to please ____	Sociable ____	Slow to warm to others ____	Quiet ____
Quick temper ____	Emotional ____	Organized ____	Anxious ____	Aggressive ____
Very active ____	Impulsive ____	Curious ____	Talkative ____	Sensitive ____

Sleep: Bedtime _____ Wake up time _____ Sleeps thru night _____ Awakenings _____

Bedtime routine _____

Daycare / School:

Daycare ____ Well adjusted to _____ Challenges _____

School grade ____ Academic strengths _____

Challenges _____

Activities:

Outdoor activities _____

Indoor activities: _____

Group Activities _____

Favorite activity _____ Least favorite _____