

Patient Name: _____ DOB: _____

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Today's Date: _____

Patient Information – Child / Adolescent

Name _____ Age: _____ Date of Birth: _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
School _____ Grade: _____
Address _____

Emergency Contact

Name _____ Relationship _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____

Parent Information

MOTHER _____ Age: _____ Date of Birth: _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Occupation _____
Employer Name _____ Work Phone _____
Work Address _____

FATHER _____ Age: _____ Date of Birth: _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Occupation _____
Employer Name _____ Work Phone _____
Work Address _____

Marital Status of Parents: _____ Married _____ Separated _____ Divorced _____ Never Married
If divorced, who has legal custody? _____

What is the primary reason for your visit today?

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When did you first become aware of these concerns?

Names and ages of child's siblings

Health History

Primary Care Physician _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____

Height _____ Weight _____ Date of Last Physical _____

Please describe your child's physical health and list any chronic illnesses

Pregnancy and Early History

Type of childbirth: ____ Vaginal ____ Caesarean-Section. Weeks of pregnancy: _____

Describe any complications related to pregnancy or labor and delivery

At what age did your child first:

Roll over _____ Sit up _____ Walk _____ Talk _____ Read _____

At what age was your child toilet trained? For urinating _____ Bowel movements _____

Describe any surgeries and accidents

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What are your child's favorite activities?

What activities do you do with your child?

What activities has your child participated in outside of school, such as sports, music lessons, martial arts, gymnastics, dance, scouts, religious education, language classes, etc?

What schools has your child attended?

Preschool _____

Elementary _____

Middle School _____

High School _____
