

Pediatric Intake Form

12655 Washington Blvd. Suite 106 Los Angeles, CA 90066
Phone: 310.943.9044

Patient's Name: _____	DOB: _____
Street Address: _____	
City: State: Zip Code: Sex: M / F _____	
Mother's Name and Occupation: _____	
Father's Name and Occupation: _____	
Contact Email: _____	Daytime Phone: _____
Evening Phone: _____	Work Phone: _____
Emergency Contact: _____	
Parents are (circle):	Married Separated Divorced Other:
REFERRED BY: _____	

Primary reason for today's visit? Wellness or Other _____

Has child been seen by any other doctor(s) for this concern? Yes No Past

Please describe past care for this concern: _____

Previous Pediatrician's Name and Phone: _____

Child's Previous Medical History

YES (Y) indicates the child gets the problem **regularly**

NO (N) indicates the child **never** had the problem

PAST (P) indicates the child had the problem in the **past, but not recently**

Please circle the correct one for your child:

Ear infections:	Y	N	P	If has had, how frequent per year:
Colds:	Y	N	P	If has had, how frequent per year:
Strep Throat:	Y	N	P	If has had, how frequent per year:
Hearing test normal:	Y	N	Not Tested	
Vision test normal:	Y	N	Not Tested	
Speech impediments:	Y	N	P	
Learning impediments:	Y	N	P	

How many times has your child taken antibiotics? _____

Has your child had any of the following illnesses?

Chicken Pox:	Y	N	Age: _____
Whooping Cough:	Y	N	Age: _____
Rubella:	Y	N	Age: _____
Rubeola:	Y	N	Age: _____
Mumps:	Y	N	Age: _____

What medications has the child taken in the past and how often?

List all medications (from drugstore or prescription) child is on now and dosages if known:

List all supplements child is now taking, and dosages if known:

Any known allergies to food, drugs, environment, animals, etc

List all surgeries and hospitalizations, including date occurred:

Child's Vaccination History

Yes = has had **No** = has not **Some** = did not finish all shots

MMR: Y N Some
DPT: Y N Some
Hep B: Y N Some
Hib: Y N Some
Chicken Pox: Y N Some
Polio: Y N Some

Others: _____

Any reactions to vaccinations? Y N

If yes, please explain:

Mother's Pregnancy History

Age at Conception: Length of Labor: Vaginal Birth: Y N

Traumatic Birth: Y N

If yes, please explain: _____

Medication during pregnancy: _____

How many ultrasounds during pregnancy: _____

Birth interventions (circle all that apply): _____

Forceps Vacuum Extraction C-Section Induction None

During pregnancy did any of the following occur?

Smoking: y N

Recreational Drugs: Y N

Preeclampsia: Y N

Diabetes: Y N

Emotional Stress: Y N

Coffee: Y N

Nausea/Vomiting: Y N

Dietary Restrictions during pregnancy: Y N

If yes, please explain: _____

Health History of Child

Gestational age at birth (weeks at birth): _____ Apgar Scores: _____

Birth Weight: _____ Birth Length: _____

Complications after delivery: Y N If yes, please explain:

Location of Birth: Hospital Birth Center Home

Child Breastfed: Y N For how long? _____ Age when formula introduced: _____

When was whole milk introduced? _____ Solid foods? _____

First foods: _____

Any food cravings? _____

When did child walk? _____ Talk? _____

Develop Teeth? _____

Jaundice as a baby	Y	N
Cradle Cap	Y	N
Eczema or Psoriasis	Y	N
Diarrhea	Y	N
Constipation	Y	N
Finicky eating	Y	N
Poor teeth	Y	N
Chronic Sniffles	Y	N
Bad Foot Odor	Y	N
Very Sweaty	Y	N
Hyperactivity	Y	N
Colic	Y	N

Anemia	Y	N
Stomach Aches	Y	N
Asthma	Y	N
Warts	Y	N
Nightmares	Y	N
Bed-Wetting	Y	N
Excessive Tantrums	Y	N
Defiance	Y	N
Fears/Phobias	Y	N
Diaper Rash	Y	N
Growing Pains	Y	N
Early Puberty	Y	N

Any particular household stressors child has witnessed or gone through:

1. _____
2. _____
3. _____

Family History

Allergies: Y N P
Obesity: Y N P
Cancer: Y N P
Tuberculosis: Y N P

Mental Illness: Y N P
Heart Disease: Y N P

Other diseases in your family: _____

If answers yes to any of the above, please write relationship of family member to child and severity of disease: _____

Environmental Exposure

Has the child ever lived near a refinery, polluted area or area in a home with lead paint? If yes, please give details: _____

Has the child ever lived in a house that had new carpeting, paint, cabinets or any other refurbishments that seemed to affect their health? _____

Does the child seem particularly sensitive to perfumes, gasoline, or other vapors? _____

Do you spray pesticides, herbicides, or other chemicals around your home? _____

What year was your home/apartment built? _____

Typical Day's Diet

Please list everything your child ate and drank yesterday (or a previous day last week).

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Other Questions

Please list any questions that you would like your practitioner to address during this appointment:



Office Policies and Procedures
12655 Washington Blvd., Suite 106 Los Angeles, CA 90066 310.943.9044

Patient's Name: _____

Authorization for Care of a Minor

I hereby authorize Emily Bartlett to administer care to my son/daughter as they deem necessary. I clearly understand that I have the right to refuse care and that I am personally responsible for payment of all costs associated with my child's treatment:

Parent or Guardian: _____ Date: _____

Cancellation Policy

I understand that I am expected to keep all my appointments as scheduled in order to ensure maximum progress in my, my child's, treatment. I understand that the practitioner's time is reserved exclusively for my, or my child's, care for the duration of all scheduled visits, and that if I am late for my visit, the visit will end at the scheduled time and I will still be charged for the full visit time. If for some reason I cannot make an appointment, I will call at least **2 business days in advance** to cancel or reschedule that visit. I understand that if I cancel an appointment **less than 2 business days** prior to the scheduled time, I will be charged a fee that represents 50% of the cost of my scheduled appointment. I further understand that if I cancel **less than 1 business day** before my appointment, or fail to show for my appointment, I will be charged a fee that represents the full cost of my scheduled appointment.

Initial _____

Please initial here to indicate you have read and accept the terms of this section.

Telephone/E-mail Policy

I understand that extended telephone consultations over 10 minutes, will be billed at the same consultation rate as in-person visits and charged to my credit card on file. I further understand that e-mails which take over 10 minutes to read and reply will be billed at the in-person consultation rate and charged to my credit card on file. By sending an e-mail, I acknowledge and agree that a prompt reply is NOT required, expected, or contemplated. I acknowledge that I will not use e-mail communication to deal with emergencies or other time-sensitive issues. I understand that e-mail communications may not be secure and that there is some possibility that confidentiality of such communications may be breached by a third party. I understand that Holistic Kid/Emily Bartlett may keep copies of e-mail communications and that such messages may be included in your, or your child's, medical record.

Initial _____

Please initial here to indicate you have read and accept the terms of this section.

Authorization for Payment

I hereby authorize Emily Bartlett to charge my account balance to the credit card indicated below. I authorize this credit card to be used as a guarantee against late cancellations and missed appointments, and for any and all balances including those relating to office visits, telephone/e-mail consultations, missed/late appointments, miscellaneous fees, and charges for nutritional supplements. I agree that if my credit card does not accept the charge, I will immediately make payment to Emily Bartlett/Holistic Kid for the amount due. I understand that I may cancel this authorization in writing at any time.

Visa/MC (circle type) #: _____ Exp Date: _____ Security Code: _____

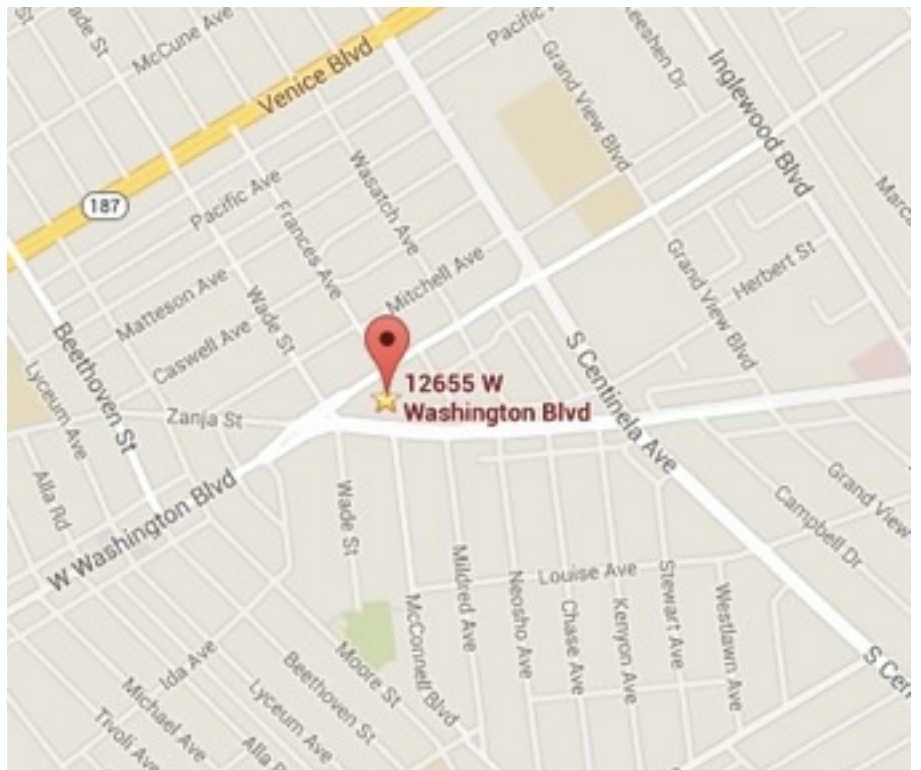
Authorized signature: _____

Directions and Parking

Our office is located at 12655 Washington Blvd 90066 Suite 106, near the intersection of Washington Blvd and Washington Place.

PARKING: Please park in a space marked 106 or 104. If there are no spots open, there is ample street parking on Washington Place.

If lost or late, please call us:
310.943.9044.



From the beach taking 10E - Exit Centinela, Turn left onto Pico Blvd, Take 3rd right onto S. Bundy Drive which turns into Centinela Ave. (2.6 miles) to W. Washington **Blvd**. Turn right on W. Washington **Blvd**. The office is a dark brown building on your right.

Taking 10W - Exit Bundy Drive South, continue on S. Centinela Ave (2.6 miles) to W. Washington **Blvd**. Turn right on W. Washington **Blvd**. The office is a dark brown building on your right.

Taking 405S - Exit Venice Blvd. Turn left on Sawtelle - go 0.2 miles, Right onto Washington Place - go about one mile. The office is a dark brown building on your left.

Taking 405N - Exit CA-90W toward Marina del Rey. Go 1.1 miles and take the Centinela exit. Turn right on S. Centinela Ave. Go 1.1 miles and then turn left onto W. Washington Blvd. The office is a dark brown building on your left.

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