



## **Child Intake Form**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Who is filling out the form (name and relation)?: \_\_\_\_\_

### **Contact Information (In order of Importance)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone (type): \_\_\_\_\_ Secondary Phone (type): \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone (type): \_\_\_\_\_ Secondary Phone (type): \_\_\_\_\_

Email: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

### **Other current Health Care Providers**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Specialty: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Health Goals**

What are your child's health concerns and goals, in order of importance?

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

## Medical History

Please indicate any previous diagnoses not listed above

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please indicate any serious conditions, illnesses, or injuries, and any hospitalizations. Please include approximate dates.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Does your child have any allergies (medicines, environmental, food, etc)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list all current medications (prescription and over-the-counter)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please list all passed medications

\_\_\_\_\_

Please list all current natural health products

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please indicate which immunizations your child has had:

- DPT (diphtheria, pertussis, tetanus)
- Tetanus booster, When?
- MMR (measles, mumps, rubella)

- Haemophilus Influenza B
- Influenza ("Flu")
- Polio
- Hepatitis A
- Hepatitis B

- HPV
- Chicken Pox
- Small Pox

Other: \_\_\_\_\_

Please indicate if your child had any adverse reactions to the vaccines:

\_\_\_\_\_

\_\_\_\_\_

What screening tests has your child had (blood, hearing, vision, etc)

\_\_\_\_\_

### **Prenatal Health**

Mother's age at child's birth: \_\_\_\_\_

Health of mother during pregnancy:    Poor    Fair    Good    Excellent    Unknown

Mother's diet during pregnancy:    Poor    Fair    Good    Excellent    Unknown

Did the mother receive prenatal care:    Y    N    Unknown

Did the mother experience any of the following:

- Bleeding
- Diabetes
- High blood pressure
- Thyroid problems
- Nausea
- Vomiting
- Physical or emotional traum

Other : \_\_\_\_\_

Did the mother use any of the following during pregnancy:

Tobacco: \_\_\_\_\_                      Alcohol: \_\_\_\_\_

Recreational drugs: \_\_\_\_\_

Prescription medications: \_\_\_\_\_

Over the counter medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

Other: \_\_\_\_\_

### Birth History

Term Length:      Full      Premature: \_\_\_\_\_ days/wks      Late: \_\_\_\_\_ days/wks

Length of Labour: \_\_\_\_\_      Weight at birth: \_\_\_\_\_

Location of Birth:      Home      Hospital      Birth Centre

Any complications? \_\_\_\_\_

\_\_\_\_\_

Was the birth:      Vaginal      C-section      Induced      Forceps      Anesthesia used

Did the child experience any of the following at or shortly after birth?

Jaundice                                       Seizures                                       Birth defects

Rashes     Birth injuries

Other: \_\_\_\_\_

### Diet

How was your infant fed? \_\_\_\_\_

Breast fed: how long? \_\_\_\_\_

Formula fed - Type: \_\_\_\_\_

Other: \_\_\_\_\_

When were solid foods introduced? \_\_\_\_\_ months

What was introduced before 6 months? \_\_\_\_\_

What was introduced between 6 and 12 months? \_\_\_\_\_

What was introduced after 12 months? \_\_\_\_\_

## Development

At what age did your child first:

Sit up: \_\_\_\_\_

Walk: \_\_\_\_\_

Crawl: \_\_\_\_\_

Talk: \_\_\_\_\_

Describe your child's sleep pattern: \_\_\_\_\_

\_\_\_\_\_

Describe your child's temperament: \_\_\_\_\_

\_\_\_\_\_

How does your child interact with others? How does your child play with others?

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's behaviour and performance at school?

\_\_\_\_\_

\_\_\_\_\_

## Family Health History

Please indicate if anyone in your family has experienced or is experiencing any of the following conditions and indicate your relation (i.e. mother, father, sibling, child, grandmother, grandfather)

Alcoholism: \_\_\_\_\_

Depression/anxiety: \_\_\_\_\_

Allergies (specify): \_\_\_\_\_

High blood pressure: \_\_\_\_\_

Arthritis: \_\_\_\_\_

Heart Disease: \_\_\_\_\_

Asthma: \_\_\_\_\_

Stroke: \_\_\_\_\_

Cancer (specify): \_\_\_\_\_

Osteoporosis: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Do either parents have a chronic illness?    Y    N    Please describe: \_\_\_\_\_

## Environment

Is the child in school: \_\_\_\_\_ grade daycare home care other: \_\_\_\_\_

What are your child's favourite activities? \_\_\_\_\_

Does your child exercise regularly? Y N

How much? \_\_\_\_\_ How often? \_\_\_\_\_

What activities? \_\_\_\_\_

How much television does your child watch per week? \_\_\_\_\_

How often does your child read or is read to?

Daily Several times per week Weekly Less than weekly

Does anyone in the household smoke? Y N

Are there animals in the home? Y N Type: \_\_\_\_\_



**Little Oak Wellness Cancellation Policy**

In order to keep appointments running smoothly, we ask that you arrive at your appointments in a timely manner. Patients arriving more than 15 minutes late will be considered a “no-show” and will be required to reschedule their appointment for another time. If it is necessary that you cancel your appointment, we ask for 24 hours notice prior to your appointment time.

Any patient who fails to come to an appointment without notice to the clinic, **will be charged the full fee of the missed appointment**. Any patient who arrives more than 15 minutes late, or who cancels less than 24 hours prior to their appointment **will be charged 50% of their appointment fee**.

**Reminder Calls**

Initial

In hopes of avoiding missed appointments and cancellation fees, Little Oak Wellness will make reminder calls 1-2 days prior to your appointment or emails 1 day prior to your appointment. If you would like a reminder call, text, or email, please sign below and indicate which telephone number or email you would like it to be made to.

Telephone number: \_\_\_\_\_

Call

Text

OR

Email: \_\_\_\_\_

**Collection of Personal Information**

Initial

Personal information is collected under the authority of the *Regulated Health Professionals Act* and related legislation and in accordance with the *Personal Health Information Protection Act*. We collect only the personal information needed to provide service. Your information may be shared with others as required or permitted by law. For more information please ask to see our full Privacy Policy or see the privacy statement on our web-site at [www.littleoakwellness.ca](http://www.littleoakwellness.ca)

**Circle of Care Policy**

Initial

In order to provide optimal care in an integrated, complimentary health clinic, a circle of care model is beneficial. Information will only be shared with practitioners within Little Oak Wellness Center or with other practitioners in your circle of care. Practitioners will not have direct access to your records unless you have provided direct consent. Only the minimum amount of information will be shared to ensure quality of service is provided and information transfers are done in a secure manner. For more information, please request to see our full Privacy Policy.

I, \_\_\_\_\_, am providing permission to the practitioners of Little Oak Wellness Centre to share personal health information within the clinic’s circle of care.

Please sign below indicating that you have read and acknowledge the above outlined policies of Little Oak Wellness Center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_