Confidential Child Intake Form – Naturopathic

Child Name: _____Parent/Guardian:_____Relationship:_____
Address:_____Phone:_____
Child's age:_____ Birthdate:_____Height:_____Weight:_____Sex M F
Referred by:_____Extended Health Coverage_____

*I hereby authorize naturopathic treatment of this child*_ _____

Chief Complaint(s):
1._____
2._____
3._____
_____
_____

Medications:
_____
_____
_____
_____

Development
❒Pregnancy problems ❒Delayed development ❒Slow growth
❒Problems at birth ❒Birth Defects ❒Delayed Puberty

Respiratory
❒Allergies ❒Asthma ❒Colds
❒Bronchitis ❒Pneumonia ❒Sore Throats

Circulatory
❒Valve defects ❒Anemia ❒Nosebleeds
❒Hearth Murmur ❒Cold hands/feet ❒Dizzy, faint

Urinary
❒Kidney problems ❒Bladder infections ❒Wets bed

Digestion

❒Formula fed	❒Colic	❒Gas	❒Diarrhea	❒Worms/Parasites
❒Lactose problem	❒Nausea	❒Bad breath	❒Constipation	❒Poor appetite
❒Food allergies	❒Vomit	❒Cravings	❒Appendix	❒Diabetes

Skin

❒Diaper rash	❒Psoriasis	❒Moles	❒Poor nails	❒Allergic dermatitis
❒Cradle cap	❒Dandruff	❒Warts	❒Poor hair	❒Bruises easily
❒Eczema	❒Dry skin	❒Acne		

Nervous

❒Learning difficulties	❒Headaches	❒Poor concentration	❒Sleep problems	❒Poor memory
❒Seizures	❒Hyperactive	❒Emotional problems		

EENT

❒Glasses	❒Deaf	❒Speech difficulties	❒Congested	❒Eye problems
❒Tubes in ears	❒Lots of ear wax	❒Throat aches		

Immunity

❒Ear Infections	❒Allergy shots	❒MMR	❒DPT	❒Childhood illnesses
❒Frequent infections	❒Thrush/Candida	❒Frequent antibiotics		_____

Musculoskeletal

❒Broken bones	❒Arthritis	❒Muscle pain	❒Cramps

Family Medical History

❒Diabetes	❒Heart	❒Cancer	❒Allergies	❒Asthma

Diet

How many servings, on average, do you have of the following:

Fruit_____per day/week/month
Vegetables_____per day/week/month
Bread_____per day/week/month
Cereal_____per day/week/month
Pasta_____per day/week/month
Rice_____per day/week/month
Red Meat_____per day/week/month
Chicken_____per day/week/month
Fish_____per day/week/month
Eggs_____ per day/week/month
Milk_____per day/week/month
Cheese_____per day/week/month
Yogurt_____per day/week/month
Water_____per day/week/month
Soy products_____ per day/week/month
Lentils/Legumes_____per day/week/month
Junk Food_____per day/week/month
Nuts/seeds_____per day/week/month

Other____
____