



Children's New Intake Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Email _____

Emergency Contact _____ Phone _____

What are your primary health concerns for your child? List as many as you can, in order of their importance to you.

1) _____

2) _____

3) _____

4) _____

5) _____

What are your expectations you have for your appointment today?

1) _____

2) _____

3) _____

Is this your first visit to a Naturopathic Physician? _____



General Information:

Has your child had any hospitalizations? Or serious illness?

Has your child had the standard immunizations? _____

What is your child's daily life include?

School _____

Physical activity _____

Television watching _____

Friends/social interaction _____

Other _____

What is your child's favorite activity?

How does your child sleep?



What does your child typically eat in a day?

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Drinks _____

Favorite foods _____ Disliked foods _____

Please list, by name, any prescription medications your child is currently taking, over-the-counter, and vitamins/supplements/herbs that he/she regularly takes. Include dosage if possible.

1) _____

2) _____

3) _____

4) _____

5) _____

Are there any other health concerns that you have which have not been covered in this questionnaire?

Signature

Date