A WellSpring of Natural Health, Inc.

Person-Centered Health Care ◦ Natural Medicine for the Whole Family

Pediatric Returning Patient - Intake Forms

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Patient Name _____ Today's Date _____

Birthdate _____ Birth time _____ a.m./p.m. Birth place _____

Age _____ Gender identity _____ Race/Ethnic identity _____

Parent's Name _____ Work/Cell # _____

Parent's/Guardian's Name _____ Work/Cell # _____

Child's Primary Guardian _____ Home phone # _____

Address _____

City _____ State _____ Zip code _____

Primary Contact Email Address _____

Primary Medical Insurance Co. _____ Policy/Group #_____

Telephone # _____ Address _____

Policy Holder's Name _____ Birthdate _____

Secondary Medical Insurance _____ Policy/Group #_____

Telephone # _____ Address _____

Policy holder's name _____ Birthdate _____

Changes in family situation? _____

Name and address of Doctor's Office/Hospital/Clinic where your child's health records are kept:

_____

_____

Reason for referral or presenting problems: _____

_____

_____

_____

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Medical History

_____ Chicken pox
_____ Measles
_____ Mumps
_____ Rubella
_____ Scarlet fever
_____ Trauma
_____ Rheumatic fever
_____ Frequent colds
_____ Social difficulty
_____ Pneumonia
_____ Ear infections
approx. # _____
_____ Tonsillitis
approx. # _____

Other (please list) _____

ABO blood type _____ FUT2 Secretor status _____ Vitality _____

Injuries/Surgeries/Hospitalizations (please list): _____

_____

Has your child had any of the following tests or evaluations?

	When/Where	Findings
Electroencephalogram/EEG	_____	_____
Hearing	_____	_____
Speech/Language	_____	_____
ADD/ADHD	_____	_____
Psychological/Behavioral	_____	_____

Medication History

Which of these substances has this child used or been prescribed?

Aspirin	Y N	Antidepressant	Y N	Reflux suppressants	Y N
Tylenol	Y N	Anxiety medication	Y N	Anti-histamines	Y N
Ibuprofen	Y N	ADD/ADHD Rx	Y N	Antibiotics	Y N
Steroid	Y N	Sleeping aid	Y N	Laxatives	Y N

Other (please list) _____

Allergies/Reactions to medications _____

Immunizations

Diphtheria/Tetanus/Pertussis (DTaP)	Y N	Hepatitis A	Y N
Measles/Mumps/Rubella (MMR)	Y N	Hepatitis B	Y N
Chicken pox/Varicella	Y N	Human Papillomavirus (HPV)	Y N
Polio	Y N	Meningococcal	Y N
Flu/Influenza	Y N	Pneumococcal/Pneumonia	Y N
Tetanus (alone)	Y N	Other _____	

Adverse reactions? Y N When? What? _____

Family History

_____ Heart disease
_____ Hypertension
_____ Cancer
_____ Diabetes
_____ Arthritis
_____ Allergies
_____ Birth defects
_____ Tuberculosis
_____ Mental illness

Prenatal History

Previous pregnancies by natural mother, miscarriages, or complications? _____

Mother's relationship and family situation during pregnancy? _____

Mother's health during pregnancy:

_____ Bleeding
_____ Nausea/Vomiting
_____ Thyroid problems
_____ Hypertension
_____ Diabetes
_____ Anemia
_____ Pre-eclampsia
_____ Poor or compromised diet
_____ Tobacco, alcohol, drug use
_____ Physical/emotional trauma

Birth and Neonatal History

Mother's age at time of child's birth? _____ Term: Full _____ Premature _____ Late _____

Length of labor _____ Delivery: Vaginal _____ Caesarian _____

Complications _____

Weight at birth _____ Length at birth _____

Infancy History

Has your child had any of the following problems?

_____ Jaundice
_____ Colic
_____ Constipation
_____ Diarrhea
_____ Fever
_____ Seizures
_____ Birth defects or injuries
_____ Cerebral Palsy
_____ Developmental disabilities
_____ Rashes
_____ Allergies
Other _____

Child's sleep patterns (first year) _____

Food intolerances (if any) _____

Feeding: Breast-fed? _____ How long? _____ Formula? ____ Milk: Cow ____ Soy ____ Goat ____

Age began solid foods? _____ Which foods? _____

Age began: Sitting _____ Crawling _____ Walking _____ Talking _____

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Symptoms and Diagnoses

Y = Current condition **N** = Never **P** = Previous condition

_____ Hives
_____ Eczema
_____ Rashes
_____ Nose bleeds
_____ Acne
_____ High fevers
_____ Chronic rash
_____ Weight issues
_____ Frequent colds
_____ Sore throats
_____ Headaches
_____ Flat feet
_____ Joint pains
_____ Scoliosis

_____ Night Urination
_____ Urinary Tract Infections
_____ Heart Murmur
_____ Vomiting spells
_____ Anemia
_____ Stomach aches
_____ Reflux/GERD
_____ Constipation
_____ Gas
_____ Diarrhea
_____ Easy bruising
_____ Bleeding tendency
_____ Hearing loss
_____ Dizzy spells

_____ Anxiety or nervousness
_____ Cries easily
_____ Fearful
_____ Sleep problems
_____ Nightmares
_____ Fatigue
_____ Body/breath odor
_____ Motion/car sickness
_____ Low appetite
_____ Excessive appetite
_____ Canker sores
_____ Cough
_____ Wheezing
_____ Allergies

Diet, Nutrition and Activities

Please describe your child's typical daily diet: _____

_____

_____

_____

Please describe your child's typical daily activities: _____

_____

_____

_____

Welcome back to WellSpring! We are here to serve you.

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Communication Guidelines

These are some guidelines that can make our communication more effective:

1. When you call the office, leave a message with the receptionist including a detailed description of your concerns and/or questions and a few times during which you will be available to talk on the phone. This initial information will enable your clinician to make a preliminary determination about whether your needs can be adequately addressed on the phone or whether you need to make an in-person appointment or a telemedicine appointment.
2. If the doctor has not returned your call in what you feel is a reasonable amount of time, you may call again. Our ability to respond will be delayed in the event that you do not answer the phone when an attempt is made to call vou. Our working together will best facilitate your needs being addressed in a timely manner.
3. Timing is important. If you or your child is sick, call early in the workday. Likewise, avoid waiting until late in the week to contact us with an acute need.
4. Accurately prescribing medication over the phone is inherently difficult and compromised. If your medical condition has changed significantly since a recent visit or a new condition has emerged we can only provide responsible, effective and ethical medical care by understanding the unique presentation of your symptoms and your experience of your condition. The person-centered health care offered at WellSpring is best delivered in person and we will work to accommodate your needs in a timely manner. Telephone, electronic or other indirect communication can not provide us with the opportunity to serve you as well as seeing you in person.
5. Children and illnesses do not always follow the rhythms of the clinic schedule. Your clinician is available in the beyond clinic hours if you feel that you have a medical condition requiring urgent decision-making and/or treatment; the WellSpring voicemail system (press #2) will contact your clinician and transmit the detailed message you leave. You will be called as soon as possible. In the event of a medical emergency, call 911 or go to the nearest urgent care facility or emergency room.
6. The WellSpring website provides a contact form for communicating with our staff and practitioners. These submissions will be reviewed and responded to but are not a timely or reliable means of communications with your clinician regarding your health care and medical treatment. In general, we at WellSpring prefer to communicate directly on the phone or in person and do not use electronic communications such as email or the WellSpring website for discussing your health care or medical treatment. Such forms of electronic messages are useful and appropriate for matters involving clinic hours and policies, insurance verification, and other matters of general business. The staff email (*care@wellspringofhealth.com*) and WellSpring website contact forms are available to more appropriately serve these functions. The clinicians at WellSpring do not use email for discussing your case or receiving documents. Email and online form submissions do not meet the confidentiality and security standards required by HIPAA and other relevant regulations and thus are not appropriate for transmitting personal information such your birthdate, social security number, passwords, etc.

Thank you!

The Clinicians and Staff of A WellSpring of Natural Health, PC