

PEDIATRIC INTAKE FORM

Care Card Number: _____ Date: _____

Female

Male _____ Birthdate: ____/____/____ Age ____
first name middle name last name day/month/year

Mother's Name _____ Father's Name _____

Home Address _____
street city/province postal code

Home Phone _____ Work Phone _____

Referred by _____

Child and current doctor/ND/Etc. Please include name/ phone number (if known).

Reason for appointment _____

MEDICATIONS	Now	Past		Now	Past
Aspirin	___	___	Antibiotics	___	___
Tylenol	___	___	Anti-histamine	___	___
Decongestant	___	___	Other	___	___
Ibuprofen	___	___			

Any allergies to medications? Please describe: _____

MEDICAL HISTORY

CHILHOOD ILLNESSES

___ Chicken Pox	___ Scarlet Fever	___ Tonsillitis, approx. no. ___
___ Measles	___ Pneumonia	___ Ear infections no. ___
___ Mumps	___ Frequent Colds	___ Other (please list)
___ Rubella	___ Rheumatic Fever	

Has your child had any of the following tests?:

	When	Where	Results
Electroencephalogram (EEG)	_____	_____	_____
Psychological Evaluation	_____	_____	_____
Hearing	_____	_____	_____
Speech/ Language	_____	_____	_____

Injuries/ Surgeries/ Hospitalizations (please list): _____

IMMUNIZATIONS

___ Measles ___ Polio ___ MMR ___ Smallpox ___ Diphtheria ___ Mumps
___ DPT ___ Tetanus ___ Influenza ___ other (list _____)

FAMILY HISTORY

___ Heart Disease ___ Diabetes ___ Birth Defects ___ Allergies ___ Cancer
___ Hypertension ___ Arthritis ___ Tuberculosis ___ Mental Illness

Previous pregnancies by natural mother, miscarriages or complications?

Mother's age at child's birth? _____

Mother's health during pregnancy?

___ Bleeding ___ Physical or emotional trauma ___ Nausea
___ Illnesses ___ Medications ___ Hypertension
___ Diabetes ___ Thyroid problems ___ Cigarettes, alcohol, drug consumption

BIRTH HISTORY

Term: Full ___ Premature ___ Late ___

Length of labor _____ Complications? _____

Has your child had any of the following problems?

___ Jaundice ___ Diarrhea ___ Birth Defects ___ Rashes ___ Colic
___ Blue Baby ___ Cerebral Palsy ___ Allergies ___ Seizures ___ Fever
___ Birth Injuries ___ Other (explain _____)

Weight at birth ___ Present weight ___ Length at birth ___ Present length ___

Child's sleep patterns (first year) _____

Food intolerances (if any) _____

Feeding: Breastfed? ___ How long? ___ Formula? ___ Milk/soy? ___

Age child began solid foods _____

Age began: Sitting ___ Crawling ___ Walking ___ First words ___

SYMPTOMS (mark "+" if current, X for past symptoms)

___ Hives ___ Burning of urine ___ Bloody urine
___ Eczema ___ Frequent urination ___ Cries easily
___ Bleeding gums ___ Heart murmur ___ Nervous
___ Nose bleeds ___ Vomiting spells ___ Sleep problems
___ Acne ___ Anemia ___ Night sweats
___ High fevers ___ Stomach aches ___ Sensitive to light
___ Chronic rash ___ Jaundice ___ Body/breath odor
___ Hearing loss ___ Easy bruising ___ Motion/ car sickness
___ Diarrhea ___ Flat feet ___ No appetite
___ Sore throats ___ Constipation ___ Nightmares
___ Gas ___ Frequent headaches ___ Canker sores
___ Frequent colds ___ Bleeding tendencies ___ Unusual fears

___ Wheezing
___ Cough

___ Joint pains
___ Dizzy spells

___ Excessive fatigue
___ Hair loss

DIET

Please describe your child's typical daily diet:

PERSONALITY

Please describe your child's personality briefly:

Thank you. Welcome to the clinic. I look forward to working with you in helping your child achieve optimal health.

Dr. T Adatya

OFFICE POLICY REGARDING FEES AND INSURANCE COVERAGE

OUR FEE POLICY IS A REFLECTION OF THE SPECIALISED PROCEDURES INCORPORATED IN THIS OFFICE AND ALLOWS US TO GIVE WHAT WE FEEL TO BE THE HIGHEST QUALITY OF NATUROPATHIC CARE.

Fees

Payment for naturopathic services is expected at the time of treatment.

B.C. Medical

The provincial government removed MSP coverage for naturopathic services on January 1, 2002. MSP coverage is no longer available for most patients. Those on premium assistance or who are treaty status Indian may qualify for partial re-imbusement.

Extended Medical

With the MSP change on January 1, 2002, some extended healthcare plans will now permit subscribers to claim the full cost of naturopathic services, therefore receiving a larger re-imbusement. You will need to check the contract with your insurance company. This office does not deal directly with private insurance companies.

ICBC

For ICBC cases the patient is responsible for the fee at the time of treatment and can then submit the receipt to their adjuster for reimbursement.

Cancellation and missed appointment

This office requires a minimum of **forty-eight (48) hours** notice to cancel any appointment. **A 50% appointment fee will be charged for missed or rescheduled appointments with insufficient notice.**

BC residents are required to sign the agreement below:

I have been informed of the billing procedures of this office and agree to pay the full office fee for services rendered by Dr. Tasnim Adatya. I understand that upon submission of the appropriate claim forms that I will be reimbursed by the Medical Services Plan of BC at an established rate and that this rate is of a lesser amount than the office fee.

Date

Parent or guardian's signature