

Points of Origin, PLLC
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NEW PATIENT REGISTRATION & INTAKE FORM
(please feel free to attach any additional information)

Appt Date: : _____/_____/_____

Your Name _____ Relationship to Child _____
Child's Name _____ Nickname _____
Child's Birth Date: ____/____/____ Age: _____ Ht _____ Wt _____
Child's Gender: _____ Pronoun: _____
Parent's Name(s) _____
Mailing Address: _____
City _____ State _____ Zip _____
Preferred Phone (circle) Work / Cell / Home # (_____) _____
Preferred Email Address _____
Permission to Email / Call Appt Reminders: Y / N Permission to Email Receipts & Newsletter Y / N
Emergency Contact Name and Phone # _____

Health Insurance Name & Subscriber ID# _____
Primary Insured: _____ Birth Date: ____/____/_____

Reason for visit _____

Any additional health concerns _____

Is your child under the care of a physician/specialist now? Y / N
If Yes, for what diagnosis? _____
Name of child's Primary Care Physician (PCP)? _____
Clinic Name & Phone# _____ Permission to contact your PCP: Y / N
Other current therapies _____
Other therapies tried in the past _____
Any Pets? Y / N Type of Pets & general health _____

Family Medical History (i.e. significant illnesses that may run in the family. Indicate who is/was affected with: **G-Grandparents**, **P-Parents**, **S-Siblings**):

Child's Past Medical History (include hospitalizations, illnesses, accidents, traumas, etc.):

Has your child ever had a reaction to a vaccine? _____

Prescription Medications currently taking (indicate dosage, how many times per day, when started):

Vitamins/Supplements currently taking (indicate dosage, how many times per day, when started):

What best describes your child's eating patterns/dietary preferences (circle all that apply or add your own): Omni, Keto, Paleo, Vegetarian, Vegan, Plant-Based, _____

Please describe the foods/drinks that are problematic to your child's health (ex. wheat, gluten, fruit, nuts, processed foods, preservatives, etc)

To the best of my knowledge the information provided on this form is true and accurate.

Signature: _____

Printed Name: _____