

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 # (_____) _____
 How did you hear about us: _____
 Preferred Email Address _____
 Permission to TEXT Appt Reminders: Y / N Best # if different from above: _____
 Permission to Email Invoices*, Receipts & Newsletter Y / N (*See Financial Policies re: Invoices)
 Emergency Contact Name and Phone # _____

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: _____