Natural Harmony Chinese Medicine Clinic
Kim Cooper R.TCM.P

INTAKE FORM FOR CHILDREN

Child's Name ____ Sex _____ Age ________
Child's date of birth (dd/mm/yy) _____________
Child's Address ________________________________City __________ PC _____________
Caregiver's Name(s) ____________________________________
Address if different from above: ____
Phone: Home: _____________
Emergency contact: _________________________
Siblings (name and ages) ____
Family Doctor/Pediatrician
Phone ______________ Address:____
What are your major concerns about your child's health? ________________________________
____
____
Are there any other concerns about your child's health?___________________________________
____
____
Have any of the above conditions been diagnosed? Y N If so, by whom? ________________________

MEDICAL HISTORY

How would you. describe your child's general state of health? Good Fair Poor
Which of the following has your child had? (n-never, m-mild, a-average, s-severe) please circle:
(n m a s) rubella (German measles) (n m a s) roseola (n m a s) impetigo
(n m a s) measles (n m a s) scarlet fever (n m a s) mononucleosis
(n m a s) chickenpox (n m a s) strep throat (n m a s) ear infections
(n m a s) mumps (n m a s) whooping cough
Please list any medications (including over-the-counter, vitamins, homeopathics, herbs etc):
Taken in the past: ____
____
____
Presently: ____
____
____
Please indicate what immunizations your child has had:
☐ DPT (diptheria, pertussis, tetanus) ☐ Tetanus booster, when? ___________
☐ MMR (measles, mumps, rubella) ☐ Haemophilus influenza B
☐ "flu" ☐ Hepatitis A☐ Polio☐ Other
Please indicate if any caused adverse reactions ____
How many times has your child been treated with antibiotics? ________
When and for what reason?____
Dental history/extractions or cavities?____
List all locations of child's scars____

PRENATAL HEALTH

What was the state of the Mother during pregnancy? Poor Fair Good Excellent Unknown
What was the mother's age at child's birth? ________
How was the mother's diet during pregnancy? Poor Fair Good Excellent Unknown
Did the Mother receive prenatal medical care? Y N Unknown
Did the mother experience any of the following during pregnancy?
☐ bleeding ☐ High blood pressure ☐ nausea ☐ vomiting
☐ diabetes ☐ Thyroid problems ☐ Physical or emotional trauma
Other? ____

Did the Mother use any of the following during the pregnancy? (Please give details)
☐ Tobacco ____
☐ Alcohol ____
☐ Recreational drugs ____
☐ Prescription drugs ____
☐ Over-the-counter medication____
☐ Supplements ____
☐ Other ____

BIRTH HISTORY
Term length: ☐ Full ☐ Premature ________wks ☐ Late ____________wks
Length of labour: ___________________ Weight at birth: _____________
Any complications? ____
Was the birth: ☐ Vaginal ☐ C-section ☐ Induced ☐ Forceps ☐ Anaesthesia used
Did the child experience any of the following symptoms after birth?
☐ Jaundice ☐ Rashes ☐ Seizures ☐ Birth injuries _____________________________
☐ Birth defects ____
☐ Other? ____

DIET
How was your infant fed?
☐ Breast fed. How long? _________________ ☐ Formula. Milk/Soy/ Other: _____________
☐ Other ______________________________________
What foods were introduced before 6 months (please list approximate months as well):
____
____
____
____

6-12 months?
____
____
____
____

Did your child ever experience colic? Y N **How severe?** mild moderate severe
Does your child have any food allergies or intolerances? Please list.
____
____
____
____

Do either of the parents have a chronic illness? Y N Please describe:
____
____
____
____

DIET
Does your child have any dietary restrictions (religious, vegetarian/vegan etc.)?
____
____

Describe a typical diet:
Breakfast: ____
Lunch: ____
Dinner: ____
Snacks: ____
Beverages (total quantity) ____

HEALTH AND DEVELOPMENT
How was your child's health in the first year? Poor Fair Good Excellent Unknown
At what age did your child, first
Sit up ________ Crawl _________ Walk _________ Talk _____
Describe your child's sleep pattern
____
____
____
____
How would you describe your child's temperament? ___________________________________
How would you describe your child's behaviour and performance at school?
____
____
____
____

FAMILY HISTORY
Indicate if a close relative (parent, sibling) has had any of the following
Who? Who?
Allergies Diabetes
Asthma Kidney disease
Birth defects Juvenile arthritis
☐ I don't know the family medical history

ENVIRONMENT
Is your child in: school (grade ? ______) daycare homecare other _________
What are your child's favourite activities?
____
____
____
____
Does your child exercise regularly? Y N How much, how often? ___________________________
____
____
How much television does your child watch? __________ hrs a day/ week
How often does your child read (not for school), or How often does someone read to your child?
☐ Daily ☐ Several times a week ☐ Weekly ☐ Less than weekly
Does anyone in the child's household smoke? Y N
Are there animals in the home? Y N Type: _____________________
How is your child's home heated? ______________________________
Do you know of any toxins or other hazards the child is regularly exposed to (home, hobbies etc?)
Please describe.
____
____
____
____
How would you describe the emotional climate of the child's home?
____
____
____
____
Is there anything else that you feel is important that has not been covered?
____
____
____

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DECLARATION AND CONSENT TO TREATMENT OF A CHILD

Child's name: ____ Date:___________
(First) (Middle) (Last)
I, ______________________________________, hereby give my consent for
Kim Cooper, R.TCM.P. to treat my child or ward.

I take responsibility for all fees incurred.

Signature____ Date____________________

Relationship to child: _______________________________________

Witness's signature: _______________________________ Date: _____________________