

Ember & Oak Pediatrics

Client Intake Form

Welcome to Ember & Oak Pediatrics! We're excited to have you as part of our community. To ensure we provide the best care for you or your child, please complete this intake form.

1. Personal Information

- **Child's Name:**
- **Date of Birth:**
- **Gender:**
- **Ethnicity & Race:**
- **Parent(s)/Guardian(s) Name(s):**
- **Address:**
- **Contact Number(s):**
- **Email Address(s):**

2. Birth History

- Was your child born full term? If not, how many weeks?
- Birth Complications?

3. Medical History

- **Allergies** (drug, food, environmental) **and type of reaction:**
- **Current Medications, Supplements and/or Vitamins:**
- **Previous Surgeries and Hospitalizations with Dates:**
- **Chronic Conditions:**



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- **Family Medical History-** *please list condition or illness, relationship to patient and whether the family member is living (age) or deceased (age):*

4. Social History

- **Does your child live with you?**
- **Parent(s) Occupations:**
- **Do you have pets? If so, what kind and how many?**
- **Guns in the home?**
- **Smoking in the home?**
- **Drugs in the home?**
- **Pool on the property, lake or pond?**

5. Past & Current Medical Providers

- **Pediatrician Name and Phone Number:**
- **Specialist(s) Name, Phone Number, Specialty:**

6. Immunization Records

- **Please provide a copy of your child's current immunization records if you have them available.**
- **If your child has had a prior allergic reaction / hypersensitivity reaction or adverse effect of a vaccination please explain:**
- **If your child is not vaccinated or you have a religious exemption please explain:**

7. Insurance Information

- **Please provide a copy of the front and back of the card.**

8. Emergency Contact

- **Name:**
- **Relationship to Child:**
- **Contact Number and Address:**

9. Preferred Pharmacy

- **Name, Phone and Address:**

10. Please share any **health goals, concerns, or reasons for seeking care.**

Please fax completed documents and records to 561-437-8159 or email to alyssa@emberoakpediatrics.com

Please review your information for accuracy before submitting the form. If you have any questions or need assistance, feel free to reach out to our office staff.

We are here to help!



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