

Phone 269-254-8130 | Fax 866-376-0467

www.santoshawellnesskzoo.com

**Patient Information**

|  |
| --- |
| Name: |
| Birthdate (mm/dd/yyyy): | Sex: ( ) Male ( ) Female  |
| Does your child have a specific diagnosis? ( ) Yes ( ) No If yes, please explain:   |
| Would you like to receive text/email appointment reminders? ( ) Yes ( ) NoIf yes, provide your preferred number/email:  |

**Parent/Caregiver Information**

|  |
| --- |
| Parent #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Mom ( ) Dad ( ) Foster Parent ( ) Other \_\_\_\_\_\_\_\_\_Parent #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Mom ( ) Dad ( ) Foster Parent ( ) Other \_\_\_\_\_\_\_\_\_ |
|  Is your child adopted? ( ) Yes ( ) No  | Who does the child live with?: \_\_\_ Parent #1 \_\_\_ Parent #2 \_\_\_ Both Please explain the living situation (*if not living with both parents):*  |
| Address:  |
| Preferred Phone: Name:  |
| Alternate Phone: Name: |
| Preferred Email: |

**Emergency Contact Information**

|  |
| --- |
| Name: |
| Address:  |
| Phone: |
| Relationship to Patient:  |

**Birth Information**

|  |  |
| --- | --- |
| Birth Weight: \_\_\_\_\_\_lbs \_\_\_\_\_\_oz | Gestational Age at Birth:  |
| APGAR: |  |
| *Condition After Birth*( ) Full-Term ( ) Pre-mature ( ) NICU Stay (If yes, duration: \_\_\_\_\_\_\_\_\_\_\_\_) ( ) Oxygen ( ) Jaundice ( ) Heart Problems ( ) Feeding Tube( ) Congenital Abnormalities (If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any Testing Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**What goals do you have for attending this class?**

|  |
| --- |
|  |

*Thank you for taking the time to complete this form!*