

NEW PEDIATRIC PATIENT INTAKE FORM

Norfolk Family Medical - Updated June 2019

DATE: _____ FORM COMPLETED BY: _____

NAME AS IT APPEARS ON HEALTH CARD: _____

SURNAME

FIRST

MIDDLE

PREFERRED NAME: _____ GENDER: _____ BIRTH SEX: _____

BIRTHDATE: _____

PARENT NAME(S) & OCCUPATION:

AGE: _____

SCHOOL: _____

LEGAL GUARDIAN IF DIFFERENT THAN ABOVE:

SIBLINGS NAME & AGE:

EMERGENCY CONTACT:

- NAME: _____

- RELATIONSHIP: _____

- PHONE: _____

ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME PHONE

WORK PHONE (EXT)

CELL PHONE

EMAIL ADDRESS

**SEE ATTACHED CONSENT FORM*

ONTARIO HEALTH CARD #

VERSION CODE

EXPIRY DATE

PREVIOUS FAMILY PHYSICIAN (NAME & LOCATION)

SPECIALISTS INVOLVED IN CHILD'S CARE (NAME & SPECIALTY)

**Please see reverse page*

PERSONAL MEDICAL HISTORY:

BIRTH HISTORY:

Born: [] preterm [] term [] post-dates (late)

Weeks at birth if known: _____

[] Vaginal delivery [] C-section delivery

Pregnancy complications:

Complications at/after birth:

HOSPITALIZATIONS:

SURGERIES OR SURGICAL COMPLICATIONS:

FAMILY MEDICAL HISTORY:

Check any illness/conditions your immediate FAMILY has had

- High blood pressure
- High cholesterol
- Kidney disease *specify:* _____
- Thyroid problems *specify:* _____
- Lung disease *specify:* _____
- Blood clot *specify:* _____
- Tuberculosis
- Blood disorder *specify:* _____
- Skin condition *specify:* _____
- Asthma
- Heart condition *specify:* _____
- Arthritis
- Gastrointestinal issues *specify:* _____
- Stroke
- Diabetes
- Hepatitis A/B/C (circle one)
- Osteoporosis
- Cancer *specify:* _____
- Other: _____

Who lives at home?

Including name, age, and relationship

CHILDHOOD IMMUNIZATIONS

- [] Routine - up to date
- [] Not up to date
- [] None

**Please bring a copy of vaccine record to the first appointment*

Additional VACCINATIONS (e.g. Hepatitis A, typhoid, etc.)

CURRENT MEDICATIONS

**Including over-the-counter medications and vitamins*

**attach a separate list if needed*

Exercise: _____

Dietary Restrictions: _____

Private Drug Plan: [] Yes [] No

Financial: Any trouble making ends meet at the end of the month?

- [] Yes [] No

ALLERGIES & REACTION

Please list any active medical concerns you wish to discuss at the first appointment:

