

COMPREHENSIVE PEDIATRIC INTAKE

Name: _____

Parents Names/phone # _____

Date: _____

Does your child experienced any of the follow night time behaviors:

Nightmares:	Y	N	Sleep Walk	Y	N	Snore	Y	N
Grind Teeth	Y	N	Sweating	Y	N	Bedwetting	Y	N
Restlessness	Y	N	Talking	Y	N	Fears	Y	N

Any Particular household stressors child has witnessed or gone through:

Toxin Exposure:

Has the child ever lived near a refinery, polluted area or in a home with leaded paint?

Has the child ever lived in a house that had new carpeting, paint, cabinets or any other refurbishing that seemed to affect their health?

Does the child seem particularly sensitive to perfumes, gasoline or other vapors?

Do you spray pesticides, herbicides or other chemical around your home:

Do you microwave food in plastic containers?

Please describe a typical day's diet for your child:

Breakfast:

Lunch:

Dinner:

Snacks:

Drinks:

If your child could eat any foods no matter if it was a healthy choice or not, what foods would they choose as their favorites?

What temperature does your child prefer their drinks: warm room temp cool chilled ice cold

Does your child tend to be: thirsty not thirsty

Tell me a little about your child's personality traits. How would your child appear to a complete stranger when they are feeling good and exhibiting their best traits?

How would they appear when they are not feeling so good (ill, tired, temper tantrum etc and exhibiting their least desirable traits?

Answer as honestly as you can about your child's personality traits.

Hurried, impatient	1 2 3 4 5	Capricious	1 2 3 4 5
Calm	1 2 3 4 5	Slow	1 2 3 4 5
Messy	1 2 3 4 5	Restless	1 2 3 4 5
Lazy	1 2 3 4 5	Fastidious	1 2 3 4 5
Shyness/Timid	1 2 3 4 5	Always busy	1 2 3 4 5
Anger	1 2 3 4 5	Outgoing	1 2 3 4 5
Irritability	1 2 3 4 5	Confidence	1 2 3 4 5
Yielding	1 2 3 4 5	Obstinate	1 2 3 4 5
Aversion people	1 2 3 4 5	Impulsive	1 2 3 4 5
Critical of self	1 2 3 4 5	Jealousy	1 2 3 4 5
Critical of others	1 2 3 4 5	Fearful	1 2 3 4 5
Mildness	1 2 3 4 5	Cry easily	1 2 3 4 5

How often does your child have the following behaviors?

Abusive	1 2 3 4 5	Disobedience	1 2 3 4 5
Banging head	1 2 3 4 5	Insolent/rude	1 2 3 4 5
Breaks things	1 2 3 4 5	Rage	1 2 3 4 5
Contrary	1 2 3 4 5	Striking others	1 2 3 4 5
Cursing	1 2 3 4 5	Violence	1 2 3 4 5
Disobedience	1 2 3 4 5		

How often does your child make mistakes with the following?

Numbers	1 2 3 4 5	Words (writing)	1 2 3 4 5
Words(reading)	1 2 3 4 5	Words (speaking)	1 2 3 4 5

How sensitive is your child to any of the following?

Beauty	1 2 3 4 5	Criticism	1 2 3 4 5
Frightening things	1 2 3 4 5	Being made fun of	1 2 3 4 5
Reprimand	1 2 3 4 5	Rudeness	1 2 3 4 5
Music	1 2 3 4 5	Suffering of other	1 2 3 4 5

What phobias (irrational fears) does your child have?

Animals, ghosts, crowd, snakes, that something will happen, water, being alone, heights, spiders, darkness, wind, death, falling, downward motions, robbers/intruders, thunderstorms.