Dr. Tamara Eriksen N.D.
Tailor Made Wellness Clinic
#200, 85 Cranford Way
Sherwood Park, AB T8H oH9 Ph: 780-464-5220

PEDIATRIC INTAKE FORM

(Children under 12 years)

AB Healthcare #:	

Personal Information	
Child's Name	
Birth Date:	Gender:
Person filling out form?	Relationship to child:

Emergency Contact Information (in order of preference)		
Emergency Contact:		
Relationship to child:		
Address		☐ Child's primary home address
		Phone:
		Okay to leave messages? ☐ Yes ☐ No
Alternate Contact:		
Relationship to child:		
Address		☐ Child's primary home address
		Phone:
		Okay to leave messages? ☐ Yes ☐ No

Other Healthcare Providers			
Pediatrician:			
Date of last physical exam:		Tests done? ☐ Yes	☐ No

Allergies

Medications (please list all current prescribed and over-the-counter medications)

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Medical History

What are your child's health concerns, in order of importance?

How would you rate your child's health overall? ☐ Good ☐ Fair ☐ Poor

Please indicate any serious illnesses or injuries and any hospitalizations (with dates, where possible)

Has your child had any of the following? (Please check all that apply)	mild	moderate	severe		mild	moderate	severe
Rubella (German measles)	☐	☐	☐	Roseola (Sixth disease)	☐	☐	☐
Measles	☐	☐	☐	Scarlet fever	☐	☐	☐
Chicken pox	☐	☐	☐	Whooping cough	☐	☐	☐
Mumps	☐	☐	☐	Strep throat	☐	☐	☐
Impetigo	☐	☐	☐	Mono nucleosis	☐	☐	☐
Ear infections	☐	☐	☐		☐	☐	☐

What screening tests has your child had? (vision, hearing, blood, etc.)

Past prescribed medications?

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Pediatric Intake Form Continued

Vaccination (please check all immunizations your child has had)

☐ DPT (diptheria, pertussis, tetanus) ☐ Hepatitis B ☐ Influenza ("Flu")

☐ Hemophilus influenza B ☐ Hepatitis A ☐ Tetanus "booster"

☐ MMR (measles, mumps, rubella) ☐ Polio Date: _____

☐ Other _____

Any negative reactions to immunizations?

Prenatal Health

Mother's Health

	Poor	Fair	Good	Excellent	Unknown		Poor	Fair	Good	Excellent	Unknown
Health at conception	☐	☐	☐	☐	☐	Nutrition in pregnancy	☐	☐	☐	☐	☐
Health through pregnancy	☐	☐	☐	☐	☐	Age at child's birth					
Received pre-natal care	☐ Yes ☐ No ☐ Unknown										

Please check all applicable health concerns experienced during pregnancy:

☐ Bleeding ☐ Thyroid problems ☐ High blood pressure ☐ Nausea

☐ Diabetes ☐ Physical/Emotional trauma

☐ Other

Used during pregnancy (please check all that apply)

☐ Tobacco ☐ Alcohol ☐ Recreational drugs

☐ Prescription medications: _____

☐ Over-the-counter medications / supplements:

Father's Health

	Poor	Fair	Good	Excellent	Unknown		
Health at conception	☐	☐	☐	☐	☐	Age at conception:	

Birth History

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Pediatric Intake Form Continued

Gestational term?	☐ Full	☐ Premature	weeks	☐ Late	weeks
Length of Labour:			Weight at birth:		
Complications?			Length at birth:		
Was the birth:	☐ Vaginal	☐ C-section	☐ Induced	☐ Forceps	☐ Anesthesia used
Did the child experience:	☐ Jaundice	☐ Rashes	☐ Seizures	☐ Colic	
	☐ Birth injuries				
	☐ Birth defects:				
	☐ Other:				
Was your child:	☐ Breast fed (How long?)				
	☐ Formula (Milk/Soy/Other)				
Foods introduced before 6 months of age: (please indicate approximate month introduced)					
Foods introduced between 6 – 12 months of age: (please indicate approximate month introduced)					
Food intolerances/dietary restrictions:					
Development & Environment					
How was your child's health in the first year?	☐ Poor	☐ Fair	☐ Good	☐ Excellent	☐ Unknown
Describe your child's sleep patterns:					
At what age did your child first	Sit up	Crawl	Talk	Walk	
How would you describe your child's temperament?					

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Pediatric Intake Form Continued

How would you describe your child's behaviour & performance at school?

Is your child in: School ☐ Daycare ☐ Home care ☐ Other ☐

Does your child exercise regularly? ☐ Yes ☐ No

What are your child's favorite activities?

Does anyone in the household smoke? ☐ Tobacco ☐ Other ☐ None

Are there animals in the home? ☐ Cats ☐ Dogs ☐ Other

How is the home heated?

Any known toxins in the home?

Does your child read for leisure? ☐ Yes ☐ No

How often does someone read to your child? ☐ Daily ☐ Weekly ☐ Several times/week

How would you describe the emotional climate in your child's home?

Family History

	Mother	Father	Sister or Brother	Grandparent	Aunt/Uncle	Other/Details
Heart Disease	☐	☐	☐	☐	☐	
Asthma	☐	☐	☐	☐	☐	
Kidney Disease	☐	☐	☐	☐	☐	
Anemia	☐	☐	☐	☐	☐	
Celiac Disease	☐	☐	☐	☐	☐	
Cancer	☐	☐	☐	☐	☐	
Details:						
Other	☐	☐	☐	☐	☐	

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Anything else you think I should know?
What are your expectations in coming here today?
Marketing Data Collection:
How did you hear about our clinic: ☐ Friend _____
☐ Phone book ☐ Sign ☐ Other

Please remember - It takes time to get better.
Frequently, our patients have spent many years with chronic medical problems unsolved by conventional medicine. Some are currently receiving positive and necessary treatment from one or more medical doctors or other health-care providers. Some are simply not feeling well and want to improve their general health. Whichever scenario applies to you, it is important to realize that it takes time to heal using naturopathic medical principles and techniques.

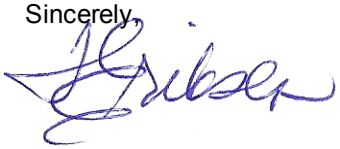
As a "rule of thumb" it takes about 2 months of treatment for every year you've experienced the condition to feel momentous improvements in your wellbeing. Certainly, our goal is for patients to be able to notice positive change within 1 – 2 visits, but this is not always realistic. We ask you to be patient as a patient! If you have concerns as to your speed of progress, please discuss them with your attending physician.

Word of mouth is by far our greatest source of advertising.
Please help spread the word about Vitae Naturopathic Medical Clinic. We can provide information and occasionally a speaker for health-related events in local schools, workplaces or communities. If you are interested in arranging a speaker for an event or would like more information/have a suggestion to involve the medical professionals at Vitae Naturopathic Medical Clinic in your community or organization, please speak with any member of our staff.

We are here to serve you!
If you have any questions or concerns regarding your treatment, please contact Dr. Eriksen at 780-217-7124.

Whether you are happy or unhappy about the care you receive, we want to hear about it.!! Please submit your comments or suggestions in the suggestion box located in the waiting area.

Sincerely,



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RISK DISCLOSURE

It is very important that you inform your ND immediately of any disease process that your child is/may be suffering from and any medications/over the counter drugs that your child is currently taking.

As a parent/guardian, you will receive information about your child's diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

There are some potential health risks associated with treatment by naturopathic medicine. These may include but are not limited to:

- Some patients experience allergic reactions to certain supplements and herbs. Please advise your ND if you have any allergies.
- Pain, bruising or injury from injections, blood draws, acupuncture or IV therapy.
- Fainting during injections, blood draws, acupuncture or IV therapy.
- Puncturing of an organ with acupuncture needles. *(EXTREMELY RARE)*
- Accidental burning or bruising of the skin from the use of moxa and/or during cupping.
- Muscle strains and sprains from spinal manipulation.

The attending ND is trained to handle emergencies should the need arise.

PERSONAL INFORMATION – PATIENT CONSENT FOR COLLECTION, USE & DISCLOSURE

We value your privacy! Dr. Eriksen and the staff at Tailor Made Wellness Clinic commit to being open and transparent about the way we handle your personal information. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They have signed confidentiality agreements and are trained in the appropriate use and protection of your personal information.

- *We only share your information with your consent*;
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- Our privacy protocols comply with privacy legislation and standards of our regulatory body, the College of Naturopathic Doctors of Alberta.

PATIENT CONSENT

I have reviewed the above information and I understand:

- ***The clinic may collect, use and disclose personal information as set out above.***
- ***The clinic does not guarantee treatment results.***
- ***My ND will explain to me the exact nature of any treatment provided, discuss side effects and possible adverse reaction and answer any questions I may have.***
- ***I am free to expressly withdraw my consent for any individual treatment and/or to discontinue treatment in full at any time.***
- ***I may, from time to time, receive emails regarding upcoming events, courses and seminars (if email address is provided on form.)***
- ***I understand that Dr. Eriksen has a 24-hour cancellation policy and the clinic reserves the right to bill for missed appointments and same-day cancellations.***

I herewith consent to treatment:

Parent/Guardian's Name (print)	Signature of Parent/Guardian