Dayspring Naturopathic Clinic
Dr. Taraneh Ballew, ND · Virtual Practice, California · DrTaraneh@msn.com · (925) 461-9335

PEDIATRIC NEW PATIENT INTAKE FORM

Dear Parent or Guardian: Please complete this form and email to DrTaraneh@msn.com before your child's first visit. All information is confidential.

Child's name: _____ Date: _____
Address (Street): _____
City: _____ State / Zip: _____
Age: _____ Sex: o Male o Female o Other _____
Birth date: _____ Family physician: _____
Parent / Guardian name: _____ Occupation: _____
Telephone (Home): _____ Telephone (Work): _____
Email: _____ Emergency Telephone: _____
How did you hear about us? _____

REASON FOR VISIT

List reason(s) in order of importance (include date of onset):

1. _____
2. _____
3. _____
4. _____
5. _____

Currently receiving treatment? Has it been effective?

_____

_____

CURRENT & PAST MEDICATIONS

Current medications (prescription, OTC, vitamins, herbs, homeopathics):

_____

_____

_____

Past prescription medications:

_____

_____

Surgeries, hospitalizations, accidents, or serious injuries:

_____

_____

Known allergies or intolerances:

_____

_____

Dayspring Naturopathic Clinic
Dr. Taraneh Ballew, ND · Virtual Practice, California · DrTaraneh@msn.com · (925) 461-9335

PEDIATRIC NEW PATIENT INTAKE FORM

IMMUNIZATIONS

- ☐ Measles, mumps, rubella
- ☐ Influenza
- ☐ Diphtheria, pertussis, tetanus
- ☐ Small pox
- ☐ Polio
- ☐ Hepatitis
- ☐ Other

Adverse reactions to immunizations?

FAMILY HISTORY

Have any family members had any of the following?

- ☐ Alcoholism
- ☐ Allergies
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Depression
- ☐ Diabetes
- ☐ Drug addiction
- ☐ Epilepsy
- ☐ Headaches
- ☐ Heart disease
- ☐ Hypertension
- ☐ Kidney disease
- ☐ Mental illness
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Other

CHILDHOOD ILLNESSES

Has your child ever had any of the following?

- ☐ Chicken pox
- ☐ Measles
- ☐ Polio
- ☐ Scarlet fever
- ☐ Other
- ☐ Ear infections
- ☐ Mumps
- ☐ Rheumatic fever
- ☐ Tonsillitis
- ☐ Frequent colds
- ☐ Pneumonia
- ☐ Rubella
- ☐ Whooping cough

PRENATAL HISTORY

	Poor	Fair	Good	Excellent
Health of father at conception:	○	○	○	○
Health of mother at conception:	○	○	○	○
Physical health of mother during pregnancy:	○	○	○	○
Emotional health of mother during pregnancy:	○	○	○	○
Emotional health of mother after pregnancy:	○	○	○	○
Mother's diet during pregnancy:	○	○	○	○

Number of pregnancies: _____ Number of miscarriages: _____

Mother's age at birth of child: _____

Illness or difficulties during pregnancy:

Drug, alcohol, or tobacco use during pregnancy:

Medications, supplements, or herbal remedies taken during pregnancy:

LABOR & DELIVERY

Location of birth: _____ Duration of labor: _____

Description of birth:

- ☐ Induced
- ☐ Spontaneous
- ☐ Forceps
- ☐ Epidural
- ☐ C-section
- ☐ Natural
- ☐ Late
- ☐ Premature
- ☐ Pain medications
- ☐ Other

Birth weight: _____ Birth length: _____

Head circumference at birth: _____

Dayspring Naturopathic Clinic
Dr. Taraneh Ballew, ND · Virtual Practice, California · DrTaraneh@msn.com · (925) 461-9335

PEDIATRIC NEW PATIENT INTAKE FORM

NEONATAL HISTORY

Difficulties or complications soon after birth:

Therapies or medications administered:

	Poor	Fair	Good	Excellent
Health of child at birth:	○	○	○	○
Health of child in first year:	○	○	○	○
Sleep patterns in first year:	○	○	○	○

NUTRITION

Infant feeding: o Breastfed How long? _____ o Formula Describe: _____
Milk type: o Cow o Goat o Soy o Nut o Other: _____
Current weight: _____ Current height: _____
Age of introduction to solid foods: _____ What foods introduced first? _____
Favorite foods: _____ Excluded foods: _____

GROWTH & DEVELOPMENT

Age he/she began:
Crawling: _____ Toilet training: _____
Sitting: _____ Teething: _____
Walking alone: _____ Saying first words: _____
Concerns regarding physical, social, or mental development?

LIFESTYLE & ENVIRONMENTAL FACTORS

Exposure to chemicals or tobacco at home or school? Explain:

Child's hobbies and interests:

Energy level (1=very low, 10=excellent): _____ Emotional climate at home: o Very stable o Stable o Stressful o Very stressful
Sleep: Hours per night: _____ Quality: o Poor o Fair o Good o Excellent
Describe any sleep difficulties:

Health goals for your child in working with Dr. Ballew:

Anything important not covered above?

CONSENT FOR TREATMENT & FINANCIAL AGREEMENT

By signing this form, I authorize Dr. Taraneh Ballew, ND to treat my child using naturopathic medicines according to the principles of naturopathic practice. I understand Dayspring Naturopathic Clinic will make the best effort to treat my child but makes no guarantee to cure my child. I certify that the above information is true and agree that I am financially responsible for any charges. I understand this is a virtual telehealth practice.

Signed (Parent/Guardian): _____ Dated: _____

Thank you. Please email this form to DrTaraneh@msn.com before your child's first visit.