New Patient Information Form

carlstonmd.com

Child New Patient Information Form

Name ____ Birthdate _________________

Mailing Address ____________________________City ___________________ Zip ________

UPS Address ______________________________ City ___________________ Zip ________

Home Phone __________________ Parent's Work Phone ___________________

E-mail address ____________________________________

IN THE EVENT OF EMERGENCY PLEASE NOTIFY:
Name _________________________________ Phone ___________________________

Referred by? ____

Prior Homeopathic treatment? _____ By Whom? __________________ Date ________ Last Seen _________

MEMBERS OF YOUR HOUSEHOLD

NAME AGE RELATIONSHIP

WHO SPENDS THE MOST TIME WITH THE CHILD? ____

OCCUPATIONS OF THE PARENTS/GUARDIAN? ____

ALLERGIES (please list all known or suspected drug sensitivities as well as environmental allergies)

MEDICATIONS AND VITAMINS (include non-prescription)

NAME DOSAGE FREQUENCY

HEALTH HABITS

Have you made your home as safe for your child as possible?
(Consideration only, no answer needed)

Do you believe your child gets enough exercise? __________

Does anyone smoke in the home? __________

Does your child always wear seatbelts riding in an automobile? __________

Does your child watch television or videos? _______ How many hours each week? _______

IS YOUR CHILD EXPOSED TO ANY TOXIC SUBSTANCES?
(Please provide details regarding those exposures that concern you)

WHAT HEALTH PROBLEMS ARE YOU PARTICULARLY CONCERNED ABOUT?

WHAT RECENT LOSSES OR UNUSUAL STRESSES HAS THE CHILD EXPERIENCED?

PLEASE CIRCLE ANY DISEASES THAT HAVE OCCURED IN EITHER FAMILY.

Alcohol/Drug Problems, Allergies, Alzheimers Disease, Anemia, Arthritis/Gout, Asthma
Bleeding Problems, Cancer, Convulsions/Epilepsy, Diabetes, Eczema, Emphysema
Heart Trouble, Hepatitis, High Blood Pressure, Kidney or Bladder Problems
Mental Illness, Migraines, Pneumonia, Polio, Rheumatic Fever
Stomach /Intestinal Disease, Stroke, Thyroid Problems, Tuberculosis, Ulcers, Venereal Disease
Weight Problems

OFFICE INFO. **TOP**