Dr. Tasnim Adatya, Naturopthic Physician
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PEDIATRIC INTAKE FORM

Care Card Number: ___________________________ Date: ________________

Female
Male ____ Birthdate:____/____/____ Age_____
first name middle name last name day/month/year

Mother's Name ________________________ Father's Name ________________________________

Home Address ____
street city/province postal code

Home Phone __________________________ Work Phone _____________________________

Referred by ____

Child and current doctor/ND/Etc. Please include name/ phone number (if known).

____

Reason for appointment ____

____

MEDICATIONS	Now	Past		Now	Past
Aspirin	____	____	Antibiotics	____	____
Tylenol	____	____	Anti-histamine	____	____
Decongestant	____	____	Other	____	____
Ibuprofen	____	____			

Any allergies to medications? Please describe: ____

____

MEDICAL HISTORY

CHILHOOD ILLNESSES

____ Chicken Pox	____ Scarlet Fever	____ Tonsillitis, approx. no. ____
____ Measles	____ Pneumonia	____ Ear infections no. ____
____ Mumps	____ Frequent Colds	____ Other (please list)
____ Rubella	____ Rheumatic Fever	

Has your child had any of the following tests?:

	When	Where	Results
Electroencephalogram (EEG)	__________	__________	________________________
Psychological Evaluation	__________	__________	________________________
Hearing	__________	__________	________________________
Speech/ Language	__________	__________	________________________

Injuries/ Surgeries/ Hospitalizations (please list): ____________________________________

____

IMMUNIZATIONS

____ Measles ____ Polio ____MMR ____ Smallpox ____ Diphtheria ____ Mumps
____ DPT ____Tetanus ____Influenza ____other (list__________________________________)

FAMILY HISTORY

____ Heart Disease ____Diabetes ____Birth Defects ____Allergies ____ Cancer
____ Hypertension ____Arthritis ____Tuberculosis ____Mental Illness

Previous pregnancies by natural mother, miscarriages or complications?

____

____

Mother's age at child's birth? ___________________

Mother's health during pregnancy?

_____ Bleeding ____ Physical or emotional trauma ____ Nausea
____ Illnesses ____ Medications ____ Hypertension
____ Diabetes ____ Thyroid problems ____ Cigarettes, alcohol, drug consumption

BIRTH HISTORY

Term: Full ____ Premature _____ Late _____
Length of labor ___________ Complications? ______________________________________

Has your child had any of the following problems?

____ Jaundice ____ Diarrhea ____Birth Defects ____ Rashes ____ Colic
____ Blue Baby ____Cerebral Palsy ____Allergies ____ Seizures ____ Fever
____Birth Injuries ____Other (explain____)

Weight at birth _____ Present weight _____ Length at birth _____ Present length _____

Child's sleep patterns (first year) ____

Food intolerances (if any) ____

____

Feeding: Breastfed? ______ How long? _______ Formula? _______ Milk/soy? ________

Age child began solid foods __________________

Age began: Sitting ____ Crawling ____ Walking ____ First words ____

SYMPTOMS (mark "+" if current, **X** for past symptoms)

____ Hives ____ Burning of urine ____ Bloody urine
____ Eczema ____ Frequent urination ____ Cries easily
____ Bleeding gums ____ Heart murmur ____ Nervous
____ Nose bleeds ____ Vomiting spells ____ Sleep problems
____ Acne ____ Anemia ____ Night sweats
____ High fevers ____ Stomach aches ____ Sensitive to light
____ Chronic rash ____ Jaundice ____ Body/breath odor
____ Hearing loss ____ Easy bruising ____ Motion/ car sickness
____ Diarrhea ____ Flat feet ____ No appetite
____ Sore throats ____ Constipation ____ Nightmares
____ Gas ____ Frequent headaches ____ Canker sores
____ Frequent colds ____ Bleeding tendencies ____ Unusual fears
____ Wheezing ____ Joint pains ____ Excessive fatigue
____ Cough ____ Dizzy spells ____ Hair loss

DIET

Please describe your child's typical daily diet:

____
____
____

PERSONALITY

Please describe your child's personality briefly:

____
____
____

Thank you. Welcome to the clinic. I look forward to working with you in helping your child achieve optimal health.

Dr. Tasnim Adatya, N.D.

OFFICE POLICY REGARDING FEES AND INSURANCE COVERAGE

OUR FEE POLICY IS A REFLECTION OF THE SPECIALISED PROCEDURES INCORPORATED IN THIS OFFICE AND ALLOWS US TO GIVE WHAT WE FEEL TO BE THE HIGHEST QUALITY OF NATUROPATHIC CARE.

Fees

Payment for naturopathic services is expected at the time of treatment.

B.C. Medical

The provincial government removed MSP coverage for naturopathic services on January 1, 2002. MSP coverage is no longer available for most patients. Those on premium assistance or who are treaty status Indian may qualify for partial re-imbursement.

Extended Medical

With the MSP change on January 1, 2002, some extended healthcare plans will now permit subscribers to claim the full cost of naturopathic services, therefore receiving a larger re-imbursement. You will need to check the contract with your insurance company. This office does not deal directly with private insurance companies.

ICBC

For ICBC cases the patient is responsible for the fee at the time of treatment and can then submit the receipt to their adjuster for reimbursement.

Cancellation and missed appointment

This office requires a minimum of **forty-eight (48) hours** notice to cancel any appointment. **A 50% appointment fee will be charged for missed or rescheduled appointments with insufficient notice.**

BC residents are required to sign the agreement below:

I have been informed of the billing procedures of this office and agree to pay the full office fee for services rendered by Dr. Tasnim Adatya ND. I understand that upon submission of the appropriate claim forms that I will be reimbursed by the Medical Services Plan of BC at an established rate and that this rate is of a lesser amount than the office fee.

____________ ______________________________________

Date Parent or guardian's signature