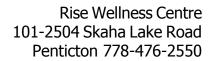




Pedia	itric Inta	ike Form (Bi	rth - 11 years)			
Patient's name:		D	ate of first visit:			
Age: Date of Birth						
Parent's name:		Parent's name:				
		City:				
Postal code:						
Phone # (home):		Parents # (work/cell):				
Parents e-mail address:						
How did you hear about Dr.	Wiens?					
Dr.'s Office where your child' Other practitioners seen:						
Child's health issues, in orde						
Current Medications & Su	pplement	S				
Medication/suppleme	ent	Since	Dose & R	eason		
Medical History of infection Chicken pox Pneumonia Pertussis Other viral illness (medical illness)	easles, mur	other (mps, rubella)	ections, # please list)			
Injuries/Surgeries/Hospitaliza	ations (plea	ase list):				
Immunizations Please check which have been all scheduled vaccines Rotavirus	up to date Menir	ngitisP	DTPa/polio/Hib/Hep B neumococcus	MMR		
Chicken pox	Influe	enza <u> </u>	COVID			
Any adverse reactions? Y / N	N What ?	?				





Prenatal History Number of previous pregna	ancies by mother:	Mother's age at	child's hirth?	
	-	_ Mount s age at	Crilia's birar:	
Mother's health during preg Physical or emotional t		odina	Nausea	
Cigarettes, alcohol, dru		eding	Nausea Medications	
Hypertension or pre-ec	lampsia Th	vroid problems		
Any other pregnancy comp	Diabetes			
Any other pregnancy comp				
Birth History				
Term: (Check) Premature_	Full Late	Weight at bi	rth	
Length of labor	Complications?			
Did your child have any of	the following problems	shortly after birth	1?	
Birth defects	Birth injuries	Breath	athing problems	
Cerebral palsy	Seizures	Jaund	ndice	
Colic	RashesInt		fection or antibiotics	
Other (explain)				
Growth & Development	(applicable for ages	0 – 3)		
Feeding: Breast fed? Y / N			rmula? Y / N	
Age began solids			maia: 1 / N	
Age began: Sitting	Willer 100us:	Walking	Talking	
Age began. Sitting	Crawiirig	_vvaikii ig	I dikilig	
Symptoms (mark Y if curi	rent. P significant past s	symptom)		
Hives	Headache		Fatigue	
Allergies	Vomiting		Anemia	
Eczema or rash	Stomach aches		High fevers	
Wheezing/Asthma	Motion sickness		Sore throats	
Easy bruising	Gas		Frequent colds	
Cries easily	Low appetite		Sore ears	
Hyperactive	 Diarrhea		Cough	
Anxiety	Constipation			
Sleep problems	Frequent urination			
Unusual fears	Joint pair			
Other major symptoms cur	rently:			
Typical Daily Diet:				
Breakfast:				
Lunch:				
Dinner:				
Lancker				
To Drink:				
Food intolerances (if any)				

Welcome! We're honoured to be of service to you and your child.