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## Pediatric Patient Introduction

Childs Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mothers work phone: \_\_\_\_\_ Fathers work phone: \_\_\_\_\_

Birthdate : \_\_\_/\_\_\_/\_\_\_ Birth Weight: \_\_\_\_\_ Current weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_ Current Length: \_\_\_\_\_

Sex: Male Female Number of Siblings: \_\_\_\_\_

Type of Birth: (Circle One) Vaginal / Cesarean / Breech / Forceps Place of Birth: (Circle One) Home / Birthing Center / Hospital

Problems During Pregnancy: \_\_\_\_\_

\_\_\_\_\_

Problems During Labor/Delivery: \_\_\_\_\_

\_\_\_\_\_

Apgar Scores: \_\_\_\_\_ Was there presence at birth: Jaundice (Yellow) \_\_\_\_\_ Cyanosis (Blue) \_\_\_\_\_

Congenital Anomalies/Defects: \_\_\_\_\_

Infant Feeding: Breast \_\_\_\_\_ Bottle \_\_\_\_\_ Formula \_\_\_\_\_

No. of hours sleep per night? \_\_\_\_\_ Quality of sleep? (Circle) Good Fair Poor

Obstetrician/ Midwife: Name \_\_\_\_\_ Location \_\_\_\_\_

Pediatrician/Family MD: Name \_\_\_\_\_ Location \_\_\_\_\_

Date of last visit to MD: \_\_\_\_\_ Purpose \_\_\_\_\_

Immunization History: \_\_\_\_\_

\_\_\_\_\_

Purpose of this appointment: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been treated on an emergency basis? \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

## Authorization of Care of Minor

I hereby authorize Pinnacle Natural Health Center and its doctor to administer care as they so deem necessary to my son/daughter/ward upon approval of parent or guardian.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I realize that I am responsible for all fees charged by Pinnacle Natural Health Center and that I will pay for all services as they are performed.

## Pediatric Case History

Pregnancy History: \_\_\_\_\_

Delivery/Birth History: \_\_\_\_\_

Present History: \_\_\_\_\_

Surgeries (include dates): \_\_\_\_\_

Prescriptions & Supplements: \_\_\_\_\_

Health History - hospitalizations, accidents (auto, motorbike, horse accidents), include dates: \_\_\_\_\_

Family History (disease & relation): \_\_\_\_\_

## Developmental History

At what age did the child:

Respond to sound \_\_\_\_\_ Crawl \_\_\_\_\_ Follow an object with his/her eyes \_\_\_\_\_ Stand \_\_\_\_\_

Hold head up \_\_\_\_\_ Walk alone \_\_\_\_\_ Sit alone \_\_\_\_\_

Childhood Diseases:

Chickenpox \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps \_\_\_\_\_ Rubeola \_\_\_\_\_ Measles \_\_\_\_\_

Whooping cough \_\_\_\_\_ Other \_\_\_\_\_

Has this child ever suffered any of these (please circle all that apply):

|                          |                     |                      |                               |                     |
|--------------------------|---------------------|----------------------|-------------------------------|---------------------|
| Dizziness                | Leg/Arm problems    | Rheumatic Fever      | Asthma                        | Paralysis           |
| Neuritis                 | Backaches           | Hyperactivity        | Sinus problems                | Broken bones        |
| Anemia                   | Tuberculosis        | Convulsions/Seizures | Chronic Earaches              | Behavioral Problems |
| Poor appetite            | Headaches           | Concussions          | Colds/flu often               | Muscle Jerking      |
| Bed wetting              | Digestive Disorders | Walking Problems     | Allergies                     | Hernias             |
| Fainting                 | Stomach Aches       | Blood Disorders      | Orthopedic problems           | “Growing Pains”     |
| Neck problems            | Constipation        | Heart Trouble        | Blood sugar problems/Diabetes | Other: _____        |
| Joint problems/Arthritis | Diarrhea            | Hypertension         |                               |                     |