

Santa Cruz Naturopathic Medical Center



Hello-

Welcome to the Santa Cruz Naturopathic Medical Center! You can read more about us and our center at www.scnmc.com.

Attached are forms to complete before your appointment. Please bring these completed forms with you at the time of your appointment, and also bring any medications, herbs, and/or supplements your child is currently taking. Please also bring copies of any recent laboratory test results. If you have had labs but do not have the results, we will have you sign a release of record and we can obtain those for you.

A new patient exam lasts an hour to an hour and a half, and includes an extensive intake and consultation. The cost is \$175. You may also receive supplements on your first visit (i.e. vitamins, herbs, homeopathics, etc.) for an additional charge. Payment is due in full at the time of the visit. If you have insurance, we will submit a superbill to your insurance on your behalf requesting reimbursement for the office visit. You may or may not receive partial reimbursement, depending on your insurance provider and your particular plan.

Our clinic is located at 736 Chestnut Street in Santa Cruz, CA 95060. If you need further directions, or if you have any questions, please don't hesitate to call.

We look forward to seeing you at your appointment and partnering with you in your health.

Please note:

If you need to cancel your appointment, we require a 48 hour notice for a new patient exam. You will be charged a \$75 cancellation fee for a missed appointment or cancelling with less than 48 hours notice.

All the best,

Sarah Hellman
Office Manager

Appointment Date: _____ Time: _____

736 Chestnut Street, Santa Cruz, CA 95060
Ph: (831) 477.1377 ♦ Fax: (831) 477.0425
www.scnmc.com

**SANTA CRUZ NATUROPATHIC MEDICAL CENTER
BIOGRAPHICAL INFORMATION FORM - Pediatric**

PEDIATRIC PATIENT PROFILE

Date: _____

PERSONAL INFORMATION:

Name _____ Age _____ Birthdate _____ M F

Parent/Guardian _____

Address _____

Phone (home) _____ (work/cell) _____

Email _____

How did you hear about our clinic? _____

Primary Care Physician _____

Address _____ Phone _____

Insurance Carrier _____

Emergency Contact Information _____

Name/Relationship _____ Phone _____

PRESENT HEALTH GOALS:

Please list present health goals, in order of significance.

- 1.
- 2.
- 3.
- 4.

PRESENT HEALTH CONCERNS:

Please list present health concerns, in order of significance.

- 1.
- 2.
- 3.
- 4.

**SANTA CRUZ NATUROPATHIC MEDICAL CENTER
BIOGRAPHICAL INFORMATION FORM - Pediatric**

MEDICAL HISTORY:

Last complete Physical Exam:

Month _____ Year _____ Dr. _____

Last Bloodwork:

Month _____ Year _____ Dr. _____

For the following please describe event and list date of occurrence:

Surgeries: _____

Major Accidents: _____

Hospitalizations: _____

For the following please list name/brand of medication/supplement and dosage:

Medications:

Vitamins/Minerals:

Herbs or Homeopathics:

Prenatal History:

During the pregnancy did any of the following occur:

- | | |
|--|--|
| <input type="checkbox"/> emotional/physical stress or trauma | <input type="checkbox"/> bleeding |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> tobacco use |
| <input type="checkbox"/> pre-eclampsia | <input type="checkbox"/> alcohol use |
| <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> recreational drug use |
| <input type="checkbox"/> gestational diabetes | <input type="checkbox"/> anemia |
| <input type="checkbox"/> infections | |

Age of parents at conception: Mother _____ Father _____

Natal History:

Length of pregnancy _____

At Birth: Weight _____ Length _____ Apgar score _____

Type of Delivery: vaginal cesarean

Labor: spontaneous induced

**SANTA CRUZ NATUROPATHIC MEDICAL CENTER
BIOGRAPHICAL INFORMATION FORM - Pediatric**

Musculoskeletal

- trauma - broken bones, etc
- growing pains
- growth spurts with joint pain
- easy bruising
- slow healing wounds

Neurological

- convulsions
- concussions
- hearing problems
- vision problems
- seizures
- hyperactivity

Social History:

Is your child in school? Yes No Grade _____

Extracurricular activities

Please outline any concerns - e.g. school performance, relationship to authority, stress

Does the child have a spiritual practice? _____

Does the child have a support structure? _____

Does the child have a social network? _____

Does the child have any hobbies? _____

Does the child have a history of abuse? (physical, mental, emotional, sexual)? _____

ALLERGIES:

Drugs _____

Food _____

Environmental (grasses, pollens, animals, chemicals, etc.)

EXERCISE:

Does the child have a regular exercise program? If yes, please describe type of exercise and frequency

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Childhood Milestones:

Please note when your child performed the following:

_____ rolling over	_____	standing
_____ sitting	_____	walking
_____ crawling	_____	teething
_____ talking	_____	puberty

Diet:

breastfed How long? _____
 formula fed Type? _____

Food introduction - type of food and when

Any difficulties with food introduction

Current eating habits - picky, likes/dislikes

Special diets - e.g. vegetarian, wheat free, etc.

Please describe a typical day's meals:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Liquids _____

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How much water does the child drink per day (ounces)? _____

Does the child have daily bowel movements?_____ How many?_____

Does the child have any of the following?

Diarrhea Frequency: #days per week/month _____

Constipation Frequency: #days per week/month _____

Blood in stool Frequency: #days per week/month _____

FAMILY HISTORY:

	Father	Mother	Siblings	Grandparents
Age If Living:	_____	_____	_____	_____
Age when Died:	_____	_____	_____	_____
Cause of Death	_____	_____	_____	_____

High Blood Pressure:	Y N	Y N	Y N	Y N
Heart Attack/Stroke:	Y N	Y N	Y N	Y N
Heart Disease:	Y N	Y N	Y N	Y N
Asthma/Allergies:	Y N	Y N	Y N	Y N
Mental Illness:	Y N	Y N	Y N	Y N
Auto-Immune Dz:	Y N	Y N	Y N	Y N
Diabetes:	Y N	Y N	Y N	Y N
Osteoporosis:	Y N	Y N	Y N	Y N
Cancer	Y N	Y N	Y N	Y N

Is there anything that has not been asked on this form that you would like to share, or any specific questions you would like to ask the doctor?