

CARLISLE PEDIATRIC ASSOCIATES

The purpose of this form is to help gather all the information we will need, prior to your visit, to address any new or complicated care needs that your child may have. By having the most accurate and complete information possible, we can provide excellent quality care for you and your child.



Patient's Name _____
Birthdate _____
Appointment Date _____
Best phone #/way to reach you _____

1) Does your child have any special dietary needs or preferences? _____ If yes, what are they? _____

2) Do you have any questions or concerns about your child's development? _____ If yes, summarize: _____

3) Please list all medications your child takes, including vitamins, herbal, naturopathic or over-the-counter.

(please use additional sheet if you need more space)

4) Are there any updates to your family history (newly diagnosed medical problems in family members)? _____

5) Has your child been to the Emergency Room or Urgent Care since your last visit to our office? _____

If so, where? _____ Why? _____

Did you ask to have a report sent to us**? _____ What were you told was wrong/what were you told to do? _____

(**It is your responsibility to be sure that this information is sent at the time of the visit, as it may impact your child's care plan).

6) Has your child been in the hospital or had any surgery (including outpatient) since your last visit to our office? _____

If so, when? _____ Where? _____ For what reason? _____

What medications and follow up were needed? _____

Did you ask to have a report sent to us**? _____

7) Has your child seen any specialists or allied health care practitioners (eye doctor, dentist, dietician) since your last visit to our office? _____ If so, which practitioner/specialist? _____

When? _____ What is the address/phone/fax number in case we need to retrieve a report? _____

8) Has your child had X-rays or blood work done since your last visit? _____ If so, when? _____

At which facility? _____

9) Are there any forms or letters you need us to fill out? _____ (if yes, please remember to bring them to the visit to avoid a fee for forms filled out apart from a visit)

10) What are the three problems or areas of concern about your child's health that you would like to address at this visit?

1- _____

2- _____

3- _____

Thank you for your time!