



Pro-Kids Child Intake Form

Date _____

Personal Information

Childs Full Name _____

Age _____ Date of Birth _____ Boy---Girl

Home Address _____

City _____ State _____ Zip _____

Medical Information

Name of Family Physician _____

Family Physician's Telephone # _____

Does your child have any allergies? No---Yes

Explain _____

Has your child been vaccinated? No---Yes

Has your child had any of the following: (circle all that apply) Chicken Pox
Measles---Mumps---Rubella---Tonsillitis---Pneumonia---Strep---Rheumatic Fever
Ear Infections---Frequent Colds---Mono---EBV---Hepatitis

Does your child get ill frequently? No---Yes

Explain _____

Visual, Hearing, Verbal or Physical Impairment? No---Yes

Explain _____

Medications: (circle all that apply) Aspirin---Tylenol---Decongestant---Antibiotics
Anti-Histamine---Ibuprofen---Other _____

Psychiatric or Counseling Intervention? No---Yes

Explain _____

Injuries, Surgeries, Hospitalizations? No---Yes _____

General Information

Is your child potty trained? No---Yes

What words does your child use for the potty? _____

Does your child have any special fears? No---Yes

Explain _____

When your child is upset, what helps to comfort them?

Anticipated Adjustment problems? No---Yes

Explain _____

Any developmental issues diagnosed or suspected? No---Yes

Explain _____

Is there anything else we should know about your child? No---Yes

Explain _____

How did you learn about Pro-Kids?

Would you be interested to learn about Integrative medical and wellness methods that can help you and your family prevent disease, treat illness and improve health? No---Yes

Explain _____

I understand that Pro-Kids, Get Well Child Care is owned and operated by Arizona Prohealth, LLC. Pro-Kids' is a fee for service medical facility that does not participate with insurance, DES, or other public subsidy programs. I understand that unless prior arrangements have been made, payment is required prior to admittance into Pro-Kids using my Credit/Debit Card, Check or Cash.

Parent or Guardian (Print)

Date

Parent or Guardian (Signature)