

Quest Community Health Centre Pediatric Client Intake and Health History Form For Children 0 – 11 years

The information requested on this form will help us to provide you with the best care as well as allow us to evaluate the services of the Quest Community Health Centre. We would ask your support in completing the following questions. Your participation in completing all the information is voluntary (with the exception of your name). The services you receive will not be affected if you do not provide all the requested information. The information may be used in evaluation of Quest CHC services, no names or identifiers will be included in the evaluation process.

	Date:
Name of person completing this form:Firs	
REGISTRATION	
Child's Legal Name:First	Last
Child's Preferred Name:	
First	Last
Child's Date of Birth:// Month/ Day / Year	Child's sex (as per Health Card): ☐ Female ☐ Male
Health Card No	_ Version: Expiry Date:// Month / Day / Year
OR This child does not have a health card	d because:
□ Lost /stolen □ Forgot to bring □ Awa	iting acceptance Other
PARENT / GUARDIAN CONTACT INFOR	RMATION
Who is the legal guardian of this child?	
Name	Relationship
What is the custody arrangement? (e.g. ac	dopted/foster care/kinship)
If there is a <u>legal</u> custody agreement, is th	is a joint custody agreement? □ Yes □ No
If yes, please explain:	

Guardian's Address: # Home Phone:() Work Phone: () Cell Phone: () Other Phone:() If other phone number provided boes the child live at the address the child live at the address that the ad						
Work Phone: () Cell Phone: () Other Phone: () If other phone number provided by the child live at the addition of the child live at the addi	Street	City		Province	F	Postal Code
Cell Phone: () Other Phone:() If other phone number provided by the child live at the addition of the child live at the			Is con	tact allowed?	□ Yes	□ No
Other Phone: () If other phone number provided the phone number provided to the addition of the child live at the addition of the			ls con	tact allowed?	□ Yes	□ No
If other phone number provided Does the child live at the addit No. Street Emergency Contact: First National Parents / Grame GENDER What is the child's gender? HEALTH CARE HISTORY Where has this child been going			Is contact allowed? □ Yes		□ No	
No. Street Emergency Contact:First Na Telephone: () ADDITIONAL PARENTS / GI ame GENDER What is the child's gender? HEALTH CARE HISTORY Where has this child been going			Is contact allowed?		□ Yes	□ No
No. Street Emergency Contact:	ed, who is this indiv	vidual?				
Emergency Contact: First Na Telephone: () ADDITIONAL PARENTS / GI ame GENDER What is the child's gender? HEALTH CARE HISTORY Where has this child been going	ess above? □ Yes	s 🗆 No	If no, v	vhat is the child	d's addre	ss?
Telephone: () ADDITIONAL PARENTS / GI ame GENDER What is the child's gender? HEALTH CARE HISTORY Where has this child been going	City		Pro	vince	Postal C	Code
ADDITIONAL PARENTS / GRADER What is the child's gender? HEALTH CARE HISTORY Where has this child been going			Last Na	ame		
ADDITIONAL PARENTS / GRADER What is the child's gender? HEALTH CARE HISTORY Where has this child been going						
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GENDER What is the child's gender? HEALTH CARE HISTORY Where has this child been goi					SIBLING	<u> </u>
What is the child's gender? HEALTH CARE HISTORY Where has this child been goi	Relationship	Phone N	umber	Address		
What is the child's gender? HEALTH CARE HISTORY Where has this child been goi						
What is the child's gender? HEALTH CARE HISTORY Where has this child been going						
What is the child's gender? HEALTH CARE HISTORY Where has this child been goi						
HEALTH CARE HISTORY Where has this child been goi						
Where has this child been goi	∃ Female □ Ma	le □ Ge	ender In	dependent		
_						
□ Pediatrician □ Family phys	ng for health care?	•				
	ician □ Walk-in cli	inic 🗆 Eme	ergency	services O	ther	
Name/Facility:						
Address:						
No. Street		ity		Province	Po	stal Code

Other Family Members (e.g. parents, siblings) that	attend Quest CH	IC:
ame	Health Card No.		Relationship
ine	Health Card No.	Date of Billin	Relationship
IMMUNIZATIONS			
Does the child have an i	mmunization record?	Yes □ No □	□ Don't know
What was the last immu	nization that they have rec	:eived?	
	nization that they have rec	eived?	
MEDICAL HISTORY	·		
MEDICAL HISTORY Has this child attended r	egularly scheduled Doctor	rs visits? (e.g. 2,4	,6 month visits) □ Yes □ No
MEDICAL HISTORY Has this child attended r	·	rs visits? (e.g. 2,4	,6 month visits) □ Yes □ No
MEDICAL HISTORY Has this child attended r	egularly scheduled Doctor	rs visits? (e.g. 2,4	,6 month visits) □ Yes □ No
MEDICAL HISTORY Has this child attended r Does this child have any	egularly scheduled Doctor chronic medical condition	rs visits? (e.g. 2,4 us? □ Yes □ No	,6 month visits) □ Yes □ No
MEDICAL HISTORY Has this child attended r Does this child have any	egularly scheduled Doctor chronic medical condition	rs visits? (e.g. 2,4 us? □ Yes □ No	,6 month visits) □ Yes □ No If yes, please explain:
MEDICAL HISTORY Has this child attended r Does this child have any Does this child take any	egularly scheduled Doctor chronic medical condition medications? Yes	rs visits? (e.g. 2,4	,6 month visits) □ Yes □ No If yes, please explain:
MEDICAL HISTORY Has this child attended r Does this child have any Does this child take any	egularly scheduled Doctor chronic medical condition medications? Yes	rs visits? (e.g. 2,4	,6 month visits) □ Yes □ No If yes, please explain: se explain: explain:
MEDICAL HISTORY Has this child attended r Does this child have any Does this child take any Does this child have any	egularly scheduled Doctor chronic medical condition medications? Yes	rs visits? (e.g. 2,4	,6 month visits) □ Yes □ No If yes, please explain: se explain: explain:
MEDICAL HISTORY Has this child attended r Does this child have any Does this child take any Does this child have any What is this child's curre	egularly scheduled Doctor chronic medical condition medications? Yes callergies? Yes No	rs visits? (e.g. 2,4 rs? □ Yes □ No No If yes, please o If yes, please o What is the chil	,6 month visits)
MEDICAL HISTORY Has this child attended r Does this child have any Does this child take any Does this child have any What is this child's curre	egularly scheduled Doctor chronic medical condition medications? Yes	rs visits? (e.g. 2,4 rs? □ Yes □ No No If yes, please o If yes, please o What is the chil	,6 month visits)
MEDICAL HISTORY Has this child attended r Does this child have any Does this child take any Does this child have any What is this child's curre	egularly scheduled Doctor chronic medical condition medications? Yes callergies? Yes No	rs visits? (e.g. 2,4 rs? □ Yes □ No No If yes, please o If yes, please o What is the chil	,6 month visits)

					Client No
Does this child receive routine					
When did the child have their					
PRENATAL/DELIVERY INFO	RMATION				
What was this child's birth wei	ght?	Wh	nat was t	he child's birt	h length?
Were there any complications	with pregnancy	or delive	ry? □ Y	es □ No	If yes, please explain:
How many weeks was the chil	d at delivery?				
□ Premature baby □ F (28 - 36 weeks old) (aft	-	□ Other	:		
Is the child a:	⊐ Twin □ M	lultiplet			
What was the Mother's age at	the time of birth	า?			
During the pregnancy, was the	ere any use of:	□ Alcoh	ol 🗆	Drugs	□ Tobacco
What was the frequency of use	e?				
FAMILY MEDICAL HISTORY					
Check off any of the following	that runs in the	child's far	mily:		
☐ Allergies	☐ Diabetes	3		☐ Subs	stance use/abuse
☐ Asthma	☐ Epilepsy	•		☐ Ment	tal health issues
☐ Autism	☐ Obesity			□ Fam	ily violence
☐ Developmental issues	☐ Genetic	disease		☐ Lear	ning disabilities
□ Other					
SOCIAL CULTURE					
Preferred language:	E	Ethnic/cul	tural bad	ckground(s): _	
Country of birth: Year of arrival in Canada:					

				Client No
Citizenship status:				
□ Canadian citizen	☐ Sponsored re	efugee	□ U.S. citizen	
☐ Landed immigrant	□ Refugee clair	mant	□ Other:	
CURRENT HOUSING S	SITUATION (Check all tha	t apply)		
□ With parent(s)	□ With grandparent(s)	□ With extende	ed family	□ With non-relatives
□ Subsidized housing	□ Rental house/apt	□ House/condo	o	□ Hospital/respite
□ Group home	□ Living on the street	□ Hotel/motel		□ Transitional housing
□ Shelter	□ Foster care	□ Other		
EDUCATION				
Is the child currently atte	ending school? □ Yes	□ No		
Name of school:		Cu	rrent grad	e:
Do you have any conce	rns about the child's educa	ation/school? 🗆	Yes 🗆	No
If yes, please explain: _				
INCOME				
• •	e yearly combined househ ild is living now [i.e. Parer	,	oose the a	amount that supports the
□ Less than \$14,999 (\$ ²	□ \$15,000 - \$19,999 (\$1,249-1,667/month)			
□ \$20,000 –\$24,999 (\$1	,668-2,083/month)	□ \$25,000 - \$29,999 (\$2,084-2,500/month)		
□ \$30,000 - \$34,999 (\$2	2,501-2,916/month)	□ \$35,000 - \$39,999 (\$2,917-3,333/month)		
□ \$40,000 – \$59,999 (\$3,334-4,999/month)		□ over \$60,000 (over 5,000/month)		
☐ Do not know		□ Prefer not to answer		
How many people are s	upported by this income?			
What is/are the source(s	s) of income?			
□ Employment	□ Employment	nsurance (EI)		Age Pension
□WSIB	□ Ontario Work	s (OW)	□ Onta	rio Disability (ODSP)
☐ CPP Disability	□ CPP / OAS		□ Frien	ds
□ Spousal Support	□ Family /Spou	□ Family /Spouse		r

Client No				
	□ Legal issues			
ssue	s Custody issues			
ties	□ Divorce/separation			
ies	□ Neglect			
	□ Foster care/adoption			
	□ Grief/death			
□ Loss of parent				
□ Bed wetting				
s) [⊐ Yes □ No			
, -				
	Phone number:			
	reatment, and agree to Community Health			
D	ate			

SOCIAL/EMOTIONAL HISTORY

Check any of the following	ng that relates to	this child:		
 □ Sexual abuse/assault □ Emotional abuse □ Physical abuse □ Behavioural problems □ Social problems □ Emotional problems 	□ Suicidal thou □ Self-harm be □ Bullying issu □ Eating issue □ ADD/ADHD □ Anxiety/stres	ughts ehaviour ues es/disorders	 □ Family violence □ Developmental issu □ Learning disabilities □ Physical disabilities □ Pregnancy □ Tobacco use 	□ Divorce/separation
□ Self-esteem issues	□ Depression		□ Alcohol use	□ Loss of parent
□ Anger issues	□ Sleep issues nightmares)	s (e.g.	□ Drug use	□ Bed wetting
Does this child have oth	er community su	upports? (e.g	J. FACS, Pathstones)	□ Yes □ No
Name of organization:	1	Worker/cour	nselor's name:	Phone number:
The above is accurate to participate in reaching th Centre.	•			
Parent/Guardian Signato	ure]	Date
Signature of Quest CHC	Provider who re	eviewed Clie	nt History [Date
Quest CHC "Client Righ	ts" reviewed with	h parent/gua	rdian? □ Yes □ N	lo
Consent for Personal He	ealth Info signed	by parent/g	uardian? □ Yes □ N	0
**First appointment for V	Well Baby Visit is	s to be booke	ed with an RN. **	