Client No. _____

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: _____
First Last

Relationship to child: _____

REGISTRATION

Child's Legal Name: _____
First Last

Child's Preferred Name: _____
First Last

Child's Date of Birth: _____/_____/_____ Child's sex (as per Health Card): □ Female □ Male
Month/ Day / Year

Health Card No._____ Version: _____ Expiry Date: _____/_____/_____
Month / Day / Year

OR This child does not have a health card because:

□ Lost /stolen □ Forgot to bring □ Awaiting acceptance □ Other _____

PARENT / GUARDIAN CONTACT INFORMATION

Who is the legal guardian of this child?

_____ _____
Name Relationship

What is the custody arrangement? (e.g. adopted/foster care/kinship) _____

If there is a legal custody agreement, is this a joint custody agreement? □ Yes □ No

If yes, please explain: _____

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Guardian's Address: _____
Street City Province Postal Code

Home Phone:(_____) _____ - _____ Is contact allowed? □ Yes □ No

Work Phone: (_____) _____ - _____ Is contact allowed? □ Yes □ No

Cell Phone: (_____) _____ - _____ Is contact allowed? □ Yes □ No

Other Phone:(_____) _____ - _____ Is contact allowed? □ Yes □ No

If other phone number provided, who is this individual? _____

Does the child live at the address above? □ Yes □ No If no, what is the child's address?

_____
No. Street City Province Postal Code

Emergency Contact: _____
First Name Last Name

Telephone: (_____) _____ - _____

ADDITIONAL PARENTS / GUARDIANS / CAREGIVERS / FAMILY MEMBERS/SIBLINGS

Name	Relationship	Phone Number	Address

GENDER

What is the child's gender? □ Female □ Male □ Gender Independent

HEALTH CARE HISTORY

Where has this child been going for health care?

□ Pediatrician □ Family physician □ Walk-in clinic □ Emergency services □ Other _____

Name/Facility: _____

Address: _____
No. Street City Province Postal Code

Phone No.: (_____) _____ - _____

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How did you hear about Quest CHC? _____

Other Family Members (e.g. parents, siblings) that attend Quest CHC:

Name	Health Card No.	Date of Birth	Relationship

IMMUNIZATIONS

Does the child have an immunization record? □ Yes □ No □ Don't know

What was the last immunization that they have received? _____

MEDICAL HISTORY

Has this child attended regularly scheduled Doctors visits? (e.g. 2,4,6 month visits) □ Yes □ No

Does this child have any chronic medical conditions? □ Yes □ No If yes, please explain:

_____

Does this child take any medications? □ Yes □ No If yes, please explain: _____

_____

Does this child have any allergies? □ Yes □ No If yes, please explain: _____

_____

What is this child's current height? _____ What is the child's current weight? _____

Has this child ever been admitted to the hospital? □ Yes □ No If yes, please explain:

_____

Has this child ever had an operation? □ Yes □ No If yes, please explain: _____

_____

Does this child have any special dietary needs? □ Yes □ No If yes, please explain: _____

_____

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Does this child receive routine dental care? □ Yes □ No If no, please explain: _____

_____

When did the child have their last medical check-up? _____

PRENATAL/DELIVERY INFORMATION

What was this child's birth weight? _____ What was the child's birth length? _____

Were there any complications with pregnancy or delivery? □ Yes □ No If yes, please explain:

_____

How many weeks was the child at delivery?

□ Premature baby (28 - 36 weeks old) □ Full term baby (after 37 weeks) □ Other: _____

Is the child a: □ Single □ Twin □ Multiplet

What was the Mother's age at the time of birth? _____

During the pregnancy, was there any use of: □ Alcohol □ Drugs □ Tobacco

What was the frequency of use? _____

FAMILY MEDICAL HISTORY

Check off any of the following that runs in the child's family:

□ Allergies	□ Diabetes	□ Substance use/abuse
□ Asthma	□ Epilepsy	□ Mental health issues
□ Autism	□ Obesity	□ Family violence
□ Developmental issues	□ Genetic disease	□ Learning disabilities

□ Other _____

SOCIAL CULTURE

Preferred language: _____ Ethnic/cultural background(s): _____

Country of birth: _____ Year of arrival in Canada: _____

Client No. _____

Citizenship status:

□ Canadian citizen □ Sponsored refugee □ U.S. citizen

□ Landed immigrant □ Refugee claimant □ Other: _____

CURRENT HOUSING SITUATION (Check all that apply)

□ With parent(s) □ With grandparent(s) □ With extended family □ With non-relatives

□ Subsidized housing □ Rental house/apt □ House/condo □ Hospital/respite

□ Group home □ Living on the street □ Hotel/motel □ Transitional housing

□ Shelter □ Foster care □ Other _____

EDUCATION

Is the child currently attending school? □ Yes □ No

Name of school: _____ Current grade: _____

Do you have any concerns about the child's education/school? □ Yes □ No

If yes, please explain: _____

INCOME

What is the approximate yearly combined household income? (Choose the amount that supports the household where the child is living now [i.e. Parents/Guardians])

□ Less than $14,999 ($1,249/month) □ $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 ($2,501-2,916/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 supported by this income? _____

What is/are the source(s) of income?

□ Employment □ Employment Insurance (EI) □ Old Age Pension

□ WSIB □ Ontario Works (OW) □ Ontario Disability (ODSP)

□ CPP Disability □ CPP / OAS □ Friends

□ Spousal Support □ Family /Spouse □ Other _____

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SOCIAL/EMOTIONAL HISTORY

Check any of the following that relates to this child:

□ Sexual abuse/assault
□ Emotional abuse
□ Physical abuse
□ Behavioural problems
□ Social problems
□ Emotional problems
□ Self-esteem issues
□ Anger issues
□ Suicidal thoughts
□ Self-harm behaviour
□ Bullying issues
□ Eating issues/disorders
□ ADD/ADHD
□ Anxiety/stress
□ Depression
□ Sleep issues (e.g. nightmares)
□ Family violence
□ Developmental issues
□ Learning disabilities
□ Physical disabilities
□ Pregnancy
□ Tobacco use
□ Alcohol use
□ Drug use
□ Legal issues
□ Custody issues
□ Divorce/separation
□ Neglect
□ Foster care/adoption
□ Grief/death
□ Loss of parent
□ Bed wetting

Does this child have other community supports? (e.g. FACS, Pathstones) □ Yes □ No

Name of organization:	Worker/counselor's name:	Phone number:

The above is accurate to the best of my knowledge. I consent to this child's treatment, and agree to participate in reaching the child's health care goals in partnership with Quest Community Health Centre.

_____ _____
Parent/Guardian Signature Date

_____ _____
Signature of Quest CHC Provider who reviewed Client History Date

Quest CHC "Client Rights" reviewed with parent/guardian? □ Yes □ No

Consent for Personal Health Info signed by parent/guardian? □ Yes □ No

**First appointment for Well Baby Visit is to be booked with an RN. **