



11220 Elm Ln Suite 102, Charlotte, NC 28277
 ph 704.557.0500
 fax 704.541-5000

Name			Today's date		
Address		City	County	State	
ZIP					
Phone (preferred)		(alternate)	E-mail (of parent/caregiver)		
Age	Birthdate	Emergency contact (include relationship)		Phone	
Pediatrician/Primary care physician		Address		Phone/	
Fax					
Referring physician/provider		Address		Phone/	
Fax					
Pharmacy		Address			
Phone/Fax					
Name of parent/primary caregiver (please specify relation to child)				SSN	
(parent/caregiver)					

Race (circle)

American Indian or Alaskan Native Asian Black/African American
 Caucasian/White Native Hawaiian or Other Pacific Islander Multiracial
 Decline to answer Other:

Are you Hispanic or Latino? (circle) Yes No Decline to answer

Preferred language (circle) English Spanish Decline to answer Other:

Allergies (include reaction):

Current medications/vitamins/supplements **Dosage** **Frequency** **Reason**

Current medications/vitamins/supplements	Dosage	Frequency	Reason

Pregnancy and Birth

List any medical problems during pregnancy:

Was child born premature? If yes, how early (or number of weeks gestation)?

Delivery type (circle one): vaginal Caesarean section If C-section, why:
Birth weight:

List any medical problems during the baby's newborn period:

Development

At what age did your child:

 sit independently: crawl: walk: say words: toilet train (daytime):

Has your child been diagnosed with any developmental delays? If yes, please specify.

School and grade level:

Does your child have an Individualized Education Program (IEP) at school?

Is your child receiving any therapy services? If yes, please specify type, setting, and frequency.

Nutrition

Has your child had any unusual feeding/dietary problems? If yes, please specify.

Sleep

Hours per night: Naps (number and length):

Any sleep problems? If yes, please explain.

Social history

Who lives with the child?

Child care during day (if applicable):

Do any household member smoke?

Past medical history (Check all that apply)

- Anemia
- Amputation
 Site(s)/reason:
- Arthritis
 Location:
- Attention deficit disorder
- Asthma
- Atrial fibrillation
- Back pain
- Bladder incontinence
- Bowel incontinence
- Chemical/drug dependency
- Clotting disease
- COPD/Emphysema
- Cancer
 Type:
- Coronary artery disease
- Concussion
 Frequency and dates:
- Crohns/Ulcerative colitis
- Diabetes
- Fibromyalgia
- GERD/Reflux
- Gout
- HIV/AIDS
- Hearing problem
- Heart attack/heart disease
- Heart murmur
- Hepatitis
 Type:
- Hernia
 Type/location:
- High blood pressure
- High cholesterol
- Hyperthyroidism
- Hypothyroidism
- Irritable bowel syndrome
- Kidney disease
- Liver disease
- Lyme disease
- Lymphedema
- Migraines
- Multiple sclerosis
- Osteoporosis
- Pacemaker/AICD
- Peripheral neuropathy
- Peripheral vascular disease
- Pulmonary embolism
- Phlebitis
- Pneumonia
- Polio
- Rheumatoid arthritis
- Seizure disorder/Epilepsy
 Date of last seizure:
- Skin disease
 Type:
- Spinal cord injury
 Level/Cause:
- Stroke
- Swelling
 Site:
- Traumatic brain injury
- Pressure ulcer
 Location:
- Urinary Tract Infection

Please list any other medical problems, conditions, and/or major hospitalizations not listed above:

Past surgical history: Please list any operations and approximate date

Family history

Relationship	Gender: M or F	Current status: Alive or Dead	Current age or age at death	Any major health problems and cause of death (if applicable)
Mother				
Father				
Sibling				
Sibling				
Sibling				
Sibling				

How did you hear about Integra Rehabilitation Physicians? (circle)

Physician referral

Non-physician healthcare referral

Website/internet search

Friend/family referral

Insurance listing

Social media (facebook, twitter)

Printed Ad

Other: