AC4W Pediatrician Intake Form

www.atlantacenterforwellness.com
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Patient Name: _____Age_____ DOB_____

Gender (at birth & identified) & preferred pronouns (he/she/them): _____

Pt. cell phone:_____ Email:_____

Parent(s) Names: _____

_____

Marital Status_____

If pt. is a minor and parents are divorced, who has custody/decision-making rights? _____

Parent(s) Occupation(s): _____

Return phone number mother: _____ father:_____

Email mother: _____ Email father:_____

Who are all the people living with your child (age and relationship to child)?_____

_____

_____

Child's School: _____ Current Grade_____

Learning Concerns: _____

_____

What are the current struggles at home regarding eating behaviors/feeding/meal compliance?

Psychiatric/ Behavioral Concerns: _____

Pattern/start of Eating Concerns:

Current Eating Disorder symptom use (circle each one that applies) and how often (per day/ week) (if unknown, please indicate that):

Restrictive Eating_____

Binge_____Purge (vomit)_____

Diet pills_____Laxatives_____

Diuretics_____ Excessive Exercise _____

Any other relevant symptoms _____

Last menstrual period (if applicable): _____

Current height_____ Weight_____

Highest and lowest weight (with approximate dates): _____

_____

Psychiatrist_____

Therapist_____

Dietician_____

Pediatrician_____ Practice:_____

Phone number: _____Email if known:_____

Significant Medical History_____

_____

_____

_____

Medical or Psychiatric Hospitalizations (including name of Res/PHP/IOP) with dates:

_____

_____

_____

Current Medications and prescribing doctor: _____

_____

_____

Allergies: _____

Pertinent Family Medical/Psychiatric History:

_____

_____

_____

Printed name and signature of the person filling out this form and relationship to primary patient:

Printed Name:_____ Relationship:_____

Signature_____ Date:_____

Who referred you to AC4W and/or Dr. Hopkins?_____

***Please attach or send growth chart, most recent labs and vital signs, and consent to speak with treatment team, including pediatrician. Send to DrHopkinsAC4W@gmail.com