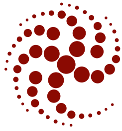


THE CENTER
ORTHOPEDIC & NEUROSURGICAL CARE & RESEARCH

PEDIATRIC ORTHO INTAKE

For Office Use Only: Provider #________________
MRN #_______________ Staff Initials ___________

Appointment Date: _____/_____/_____ Name: ____

Parents/Guardian Name: ______________________________ Pediatrician: ______________________________

Date of Birth: _____/_____/_____ Age: ________ Height: ________ Weight: ________ Dominate Hand: ❑ Right ❑ Left

---

Family History (please circle): Cancer / Diabetes / Bleeding Disorders / Scoliosis / Rheumatologic or autoimmune / Hip Issues

Birth History (please circle): Vaginal / Caesarean / Breech / Premature: No ❑ Yes ❑ (number of weeks) ___________

Complications during birth: No ❑ Yes ❑ ______________________________ Is this is your 1st, 2nd, 3rd, 4th, 5th, etc. child? ___________

Developmental History Began sitting without assistance: __________ mo/yrs Began walking unassisted: ___________ mo/yrs.

Menstruation NO YES What age: __________

Social History (patients over 13) Smoker? No ❑ Yes ❑ How often?___________ Alcohol? No ❑ Yes ❑ How often?___________

Vaping? No ❑ Yes ❑ How often?___________

Sports or physical activity: ____

TODAYS VISIT: What are we are seeing you for today? ____

Describe what happened: ____

____

Date problem began: _______________ If this is from an injury, is it school/work ❑ sports ❑ play ❑ auto related ❑

Activities that makes symptoms worse: ____

Activities that improve symptoms: ____

Any prior treatments tried (ice, heat, medications, physical therapy): _______________

____

Is your pain overall getting (circle one): better / worse / same

Please describe your pain (sharp/dull/radiating/etc):____________________________

____

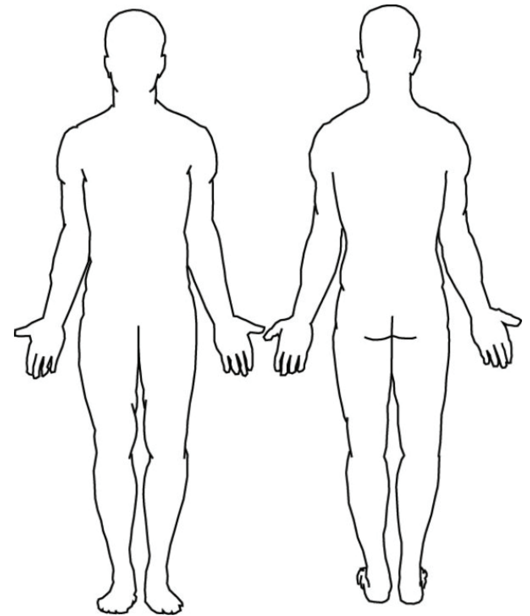
Are you experiencing any burning, numbness, tingling, or weakness?

____

Any prior injuries or surgeries to area of concern: ______________________________

____

Please mark the area of concern on the diagram to the right.



Rate your current level of pain. Please circle the number that applies to your pain level.

Least 1 2 3 4 5 6 7 8 9 10 Worst