

**Hometown Pediatrics
Acute Visit Intake Sheet**

Patient Name: _____ Birth Date: ____/____/____ Today's Date: _____

Parent/Guardian with child today: _____ Allergies to medications: _____

Medications child is currently taking (including over the counter): _____

Describe child's main problem today: _____

How many **consecutive** days has the problem been present: _____

List anything that helps or makes it worse: _____

Patient's past medical history that is important to today's problem: _____

Changes to the **family** medical history since last visit: _____

Does the patient attend school, preschool, or daycare (including home daycare)? YES NO

Does anyone in the household smoke inside or outside the home? YES NO

Please check yes or no for each symptom the patient has had during **this illness**. If you are unsure, it is OK to leave it blank.

		YES	NO
GEN	Fever		
	Chills		
	Unintentional Weight Loss		
EYES	Irritated Eyes		
	Eye Discharge		
	Vision Loss		
ENT	Ear Pain		
	Ear Discharge		
	Decreased Hearing		
	Nasal Congestion		
	Nosebleeds		
	Sore Throat		
CV	Chest Pain		
	Blue Skin Color		
	Trouble Breathing with exercise		
	Swelling		
	Fainting		
RESP	Cough		
	Cough with Exercise		
	Trouble Breathing at Rest		
	Nighttime Cough or Wheeze		
	Wheezing		
GI	Vomiting		
	Diarrhea		
	Constipation		
	Abdominal Pain		
	Black Stools		
	Bright Red Blood in Stool		
	Yellow Skin Color		

		YES	NO
GU	Painful Urination		
	Blood in Urine		
	Frequent Urination		
MSK	Joint Pain		
	Joint Swelling		
	Muscle Cramps		
	Muscle Weakness		
DERM	Rash		
	Itching Skin		
	Dry Skin		
	Worrisome Spots on Skin		
NUERO	Frequent Headaches		
	Paralysis		
	Seizures		
PSYCH	Weakness of Limbs		
	Anxiety		
	Behavior Problems		
	Depression		
	Hyperactivity		
ENDO	Inattention		
	Suicidal Thoughts		
	Excessive Thirst		
	Excessive Hunger		
HEME	Excessive Urination		
	Unusual Weight Change		
	Abnormal Bruising		
ALL	Abnormal Bleeding		
	Hives		
	Seasonal Allergies/Hay Fever		
	Recurrent Infections		

PLEASE NOTE: Questions about other children will only be addressed if no other patients are waiting to be seen. If others are waiting, we can work you in to the next available appointment to address issues with the other child. Anything other than the briefest of questions will result in a visit being charged with applicable copay, whether the other child is present or not.

Please help us keep your information updated:

- I have new insurance.
- I have a new address, phone number, or email address.
- I need to update my emergency contact list.