



What is your preferred name? _____

What grade are you in? _____

Do you participate in any sports, clubs, band, or other activities? If so, please describe.

Who lives at home with you?

What are the occupations of your parents/guardian?

Do you currently have a job? If so, please tell us where and how many hours/week.

Is there anything else we should know to help us take care of you?

What is your main concern today?

Past Medical History

Have you ever been diagnosed with anything before? Please list any other medical conditions.

What medications are you taking?

Have you have had surgery before? If so, what surgery?

Family History

Has anyone in your family ever had the following diagnoses that you know of?

If yes, please write down who in relation to your child.

Alopecia

Lupus

Spine Arthritis

Blood Clots

Multiple Sclerosis

Stroke < 50 years old

Celiac Disease

Psoriasis

Sudden Death < 50

Crohn's Disease

Psoriatic Arthritis

Thyroid Disease

Fibromyalgia

Raynaud's

Type 1 Diabetes

"Double-Jointed"

Recurrent Fevers

Ulcerative Colitis

Heart Attack < 50 years old

Recurrent Miscarriages

Uveitis

Juvenile Idiopathic Arthritis

Rheumatoid Arthritis

Vasculitis

Henoch-Schonlein Purpura

Sarcoidosis

Vitiligo

Kawasaki Disease

Sjogren's Syndrome

Thank you for completing this form.
We look forward to meeting you today!