

# Keenan Health Centre

303 Harmer Ave South  
Ottawa, Ontario K1Y 3B3

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ (m) (d) (y)  
Parent's Phone (home): \_\_\_\_\_  
(office): \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

Who is your child's pediatrician (or family medical doctor)? \_\_\_\_\_

1. What is your chief concern about your child's health?

\_\_\_\_\_

2. What else would you like to see changed in his/her health?

\_\_\_\_\_

3. Who diagnosed the condition in #1?

your pediatrician \_\_\_\_\_ a specialist \_\_\_\_\_ other \_\_\_\_\_

Please list specialists consulted for the above condition.

\_\_\_\_\_

4. What was the level of health of both parents prior to conception?

Father: poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

Mother: poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

5. What was the level of health of the mother during pregnancy?

poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

Comments: \_\_\_\_\_

6. What supplements did you take during your pregnancy?

\_\_\_\_\_

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7. Did you smoke during pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many cigarettes per day? \_\_\_\_\_

8. Did you drink alcohol during your pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, indicated beverage, amount, and frequency)

9. What medications were you on during pregnancy?  
Prescribed \_\_\_\_\_

Over the counter \_\_\_\_\_

10. Would you say your diet during pregnancy was:  
poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_

11. How was the birth of this child? Indicate any complications.

12. Was the baby nursed after birth? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for how long was the baby nursed? \_\_\_\_\_

13. What was the first liquid, apart from water, introduced after the baby was weaned (or what was he/she started on if not nursed)?

14. What solid foods were started prior to 6 months of age?

Food	At what month
_____	_____
_____	_____
_____	_____
_____	_____

15. What additional foods were introduced from 6 months of age to 9 months of age?

Food	At what month
_____	_____
_____	_____
_____	_____

16. What level of health did the baby have in the first six months?  
poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_



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24. What supplements does your child take on a regular basis?

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25. Please give a brief history of the present health concern, giving age of onset, first symptoms, and present symptoms

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26. What are your observations about your child's temperament?

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27. Was your child's physical development:

slower than average \_\_\_\_\_ average \_\_\_\_\_ faster than average \_\_\_\_\_

28. Was your child's mental/emotional development:

slower than average \_\_\_\_\_ average \_\_\_\_\_ faster than average \_\_\_\_\_

29. How is your child's behaviour and performance at school?

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30. Are this child's natural parents:

Married \_\_\_\_\_ Common Law \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

31. Does any member of the household smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

32. Are there brothers and/or sisters?

Name	Age	State of health
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