
Pediatric Orthopedic Intake Parent/Guardian Form

Thank you for choosing us for the care of your children. To assist us with your visit, kindly fill out the following information.

Patient Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Shoe Size: _____

Significant Medical History:

Current Medications:

Previous Surgeries:

Drug and Food Allergies:

Pediatrician: _____

Person who referred you (if Different from Pediatrician) _____

Please describe your child's current foot and ankle issue:

When did the problem start:

Is the problem getting worse?

Does the problem involve one or both sides of the body?

Is there leg or foot pain in rest and/or with certain activities?

Any current or past treatment for leg or foot pain?

Does the patient have siblings? If yes Age & Sex

Any other family members (including siblings) have a similar problem?

If yes, were there any successful treatments for them?

Any significant medical problems: including medications, trauma or surgery involving the mother during the time of the pregnancy?

Any significant issues during delivery?

Did your child have any issues meeting any of developmental milestones at the appropriate time? (Refer to attached milestone form if needed)

Does your child have any issues with school, speech and learning?

From a parent's perspective have you ever been concerned at all with any part of your child's lower extremity/type of walk/look of feet prior to today's visit?

Does your child have any issues with fatigue, endurance, speed, posture, or general strength?
