

CHILD/ADOLESCENT INTAKE FORM

Date_____

Child's Name_____ Sex_____

Date of Birth_____

Child's School_____ Grade_____

Reason for Referral_____

Referred By_____

Parents/Legal Guardian_____

Address_____

Phone Numbers: Home_____

Cell Phone_____

MEDICAL HISTORY

Pregnancy

Weeks_____

Complications_____

Delivery

Length of labor_____

Complications_____

Child's Birth Weight_____

HeartLight Healing Arts
9145 Guilford Road, Suite 100
Columbia, MD 21046

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of HeartLight
(Patient Name) Healing Arts' Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

Acceptable Methods of Disclosure
of Protected Health Information

How would you like to be contacted re: answers to questions, lab requests, etc.?
(Please check ALL that apply)

_____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
_____ FAX: _____
_____ Other: Please specify _____

If we are unable to reach you, should we leave a message to include protected health information?

_____ Yes _____ No

If so, where should we the leave the information?
(Please check ALL that apply)

_____ Home Phone
_____ Work Phone
_____ Cell Phone
_____ Leave a message with spouse or significant other
_____ Other: Please specify _____

Signature of Patient or Legal Guardian

Date

Adopted? _____

Date of adoption _____

Age of adoption _____

Past Illnesses _____

Past Hospitalizations _____

Allergies _____

Current Medications _____

Vision Problems _____

Last Tested _____

Hearing Problems _____

Last Tested _____

Pediatrician _____

Address _____

Phone _____

DEVELOPMENTAL HISTORY

Milestones

Walked _____

Talked _____

Toilet Trained

Urination _____

Bowel _____

FAMILY HISTORY

Birth Defects _____
Mental Retardation _____
Anxiety _____
Obsessive Compulsive Disorder _____
Phobias _____
Depression _____
ADHD _____
Learning Disabilities _____
Alcoholism _____
Suicide _____

FAMILY BACKGROUND

Separation _____
Divorce _____
Custody _____
Recent Moves _____
Birth of New Child _____
Serious Illnesses _____
Deaths _____
Other _____

EDUCATIONAL BACKGROUND

Schools attended (including dates, starting with preschool)

Grades Repeated _____

Educational Concerns _____

Has your child been evaluated or treated for educational or emotional issues? _____

Does your child receive additional services at school (including educational and behavioral)? _____

Emotional/Behavioral Concerns _____

Form Completed By _____

Relationship to Child _____