Roots Medical
Getting to the Root of your healthcare concerns

6091 S Quebec St #200
Centennial, CO 80111
P: (720) 390-5148
F: (720) 729-0108
info@rootsmedical.net
www.rootsmedical.net

KIDS Intake Questionnaire*

All questions contained in the questionnaire are strictly confidential and will become part of your medical record.

Name (Last, First, M.I.):		Today's Date:	

Surgeries (what & when)	Hospitalizations (what & when)

Girls Only

Last Menstrual Cycle			

Family History

Relative:	Diseases (with age of onset):	If deceased (list age & cause):
Mother:		
Father:		
Siblings:		

Screening

Recent Illness Y/N, date		Please list any history of STDs:					
Bleeding/ Blood clotting disorders?		Developmental delays/autism/ ADHD		Last thyroid Ultrasound (and results):			
Other tests:							

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Medications & Supplements

Name	Dosage	How Often	For what Condition	Prescriber

Allergies
(include medications, supplements, food and substances)

Allergen	Reaction

Past Medical Diagnosis

Condition	Year Diagnosed	Treatment	Practitioner

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List Current Doctors or Health Care Providers	

Current Health Complaints	
#1	
#2	
#3	

Current Symptoms (please check yes or no)

Diarrhea: yes ☐ no ☐
Constipation: yes ☐ no ☐
Brittle Hair/Nails: yes ☐ no ☐
Fatigue: yes ☐ no ☐

Asthma: yes ☐ no ☐
Breathing prob: yes ☐ no ☐
Irritability: yes ☐ no ☐
Snoring: yes ☐ no ☐
Weight Gain/Loss: yes ☐ no ☐

Anxiety/Depress: yes ☐ no ☐
Headaches: yes ☐ no ☐
Vision problems: yes ☐ no ☐
Exercise intolerance: yes ☐ no ☐
Hypoglycemic: yes ☐ no ☐
☐ ☐
☐ ☐
☐ ☐

How did you hear about Roots Medical?_____

I testify that the information above is the truth to the best of my knowledge.

Patient's Signature:_____Date:_____

Patient's Guardians Signature:_____Date:_____