

# THE FOOT AND ANKLE CLINIC OF WEST MONROE LLC

## ADDITIONAL PEDIATRIC/ADOLESCENT PATIENT INFORMATION FORM

(PLEASE PRINT CLEARLY)

PT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

HOW OLD IS THE PATIENT? \_\_\_\_\_

WHAT GRADE IN SCHOOL IS THE PATIENT: \_\_\_\_\_

WERE THEY EVER HELD BACK OR REPEATED A YEAR IN SCHOOL?

NO  YES IF SO, WHY & WHEN: \_\_\_\_\_

IMMUNIZATIONS UP TO DATE?  YES  NO IF NO, WHAT &

WHY: \_\_\_\_\_

WERE THE IMMUNIZATIONS GIVEN ON TIME OR WERE THEY DELAYED OR SPACED OUT?  ON TIME  DELAYED/SPACED OUT

WAS THE BABY BORN AT TERM?  YES  LATE \_\_\_\_\_  EARLY \_\_\_\_\_

HOW WAS THE DELIVERY?  VAGINAL  CESAREAN (C-SECTION) (IF SO, WHY?: \_\_\_\_\_)

DID THE BABY NEED TO STAY AT THE HOSPITAL FOR AN EXTENDED TIME?  NO  YES

(IF YES, WHY?: \_\_\_\_\_)

DURING PREGNANCY, DID MOTHER:  SMOKE  DRINK  RECREATIONAL DRUGS

(IF SO, WHAT?: \_\_\_\_\_)

DID PATIENT REACH ALL THEIR MILESTONES APPROPRIATELY?:  YES  NO (IF NO, WHAT AND WHEN DID THEY?)

FAMILY HISTORY RELATING TO ISSUE/CONCERN:

BROTHER/SISTER      AGE      OLDER/YOUNGER      FULL/HALF      DO THEY HAVE FEET OR ANKLE PROBLEMS?

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Any other Family members with a similar issue? (ie Mother, Father, cousins, Aunts, Uncles, grandparents)

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### **CURRENT CONCERN**

WHAT ISSUE BRINGS YOU TO THE CLINIC TODAY?  INGROWN NAIL(S)  FLAT FEET  IN TOEING  HIGH ARCHES  TOE WALKING

OUT TOEING  IN TOEING  PAIN  INJURY

PLEASE PROVIDE SOME ADDITIONAL INFORMATION ABOUT THE ISSUE:

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