

IHCH Paediatric Intake Form

Welcome to the International Health Centre The Hague (IHCH)

This intake form is meant to help the doctor devote more time to the direct assessment of your child and conversation with you and to gather important medical information about your child that will help us to look after their health and wellbeing during your stay in The Netherlands.

Personal data of the child:

Name in full:.....Date of birth:.....

Your email address:.....

Other doctors providing medical treatment:

.....

* If you have previous medical files, please bring them upon your first visit to our Centre

Emergency contact details:

Person(s) to be informed in case of emergency:

1. Name: Relationship:

Telephone number:

2. Name: Relationship:

Telephone number:

Telephone number of the person we should contact first:.....

Data protection

All IHCH medical personnel, including Pharmacy and Polyclinic need to be able to access your medical records. All IHCH employee is bound to medical confidentiality.

Date: Signature(s):

Exchanging of Medical Data

Your medical professional needs to share important information about your health with other healthcare providers. However, we can only do so with your explicit permission.

Therefore you hereby authorise the IHCH, including the IHCH Pharmacy to exchange your medical data with the (Landelijk Schakelpunt-LSP) National Exchange Point.

Date: Signature(s):

Medical history

Please provide more information about your child' s birth history

Gestational age: _____ Place of delivery: _____

Birth weight: _____ Complications during pregnancy or birth: Yes/No

If Yes : _____

Other: _____

Age of developmental milestones

Grabbing: _____ Sitting: _____ Teething: _____ Babbling: _____

First steps: _____ Changing teeth: _____ Start of school: _____

Have there been any worries about the development: _____

Does your child have any allergies? (Inhalation, food or contact allergies) :

What are the reactions to the allergens? _____

Is your child known with any medical conditions? Yes/No

If yes, please mention condition and treatment (current and past): _____

Are there certain diseases that run in the family? _____

Has your child ever had any surgeries? If yes, which ones and when?

Does your child use any medication? If yes, which one(s) and what dosage?

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Does your child follow any specific diet? Has your child been diagnosed with intolerances? If so, which one and where was the diagnosis done?

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Does your child follow a vaccination scheme? If yes, which country: _____

Which vaccinations have already been done and when?

Is your child followed by the CJG (Consultatiebureau)? Yes/No

Has your child ever been hospitalized? Yes/No

If yes, Date: _____ and reason for admission: _____

Please provide some information about your child's social history (school, sports, hobbies)

How would you characterize your child?

Who has custody of your child? _____

Please provide some information about your home situation (how many siblings/ parents living together? / pets)

What was the name and practice of your last paediatrician(s)? May we contact them to get more medical information about your child?

(Please do not print this page)

Paediatric Services and Well Child Centre

Our Well Child Centre at the IHCH is specifically designed for newborns, children & teenagers up to 16 years of age. This periodic growth & development check allows assessment & examination with the opportunity for further evaluation if abnormalities are detected. It also provides the chance for the doctor to answer questions and give advice regarding your child's health.



Common paediatric problems we diagnose and treat:

- Allergies, including food allergies
- Skin problems such as eczema and infections
- Ear, nose and throat infections and problems
- Asthma Growth & developmental problems
- Constipation
- Feeding issues
- Sleep problems
- Severe learning difficulties

What to expect during these visits:

- Head to toe examination
- Review of growth
- Developmental screening & surveillance
- Vision & hearing tests at specific ages
- Immunization review and update
- Vaccinations not included in the Dutch Vaccination Schedule
- Feeding advice & nutritional status
- Urine, blood & radiologic test if indicated
- Referral to paramedical services on indication

We welcome your calls from 08.30 to 16.00 and can be easily reached directly at **070.3065142** for appointments and consultation with the Paediatrician. For international insured patients, you can get accommodated for an appointment without the need of a referral letter from a General Practitioner.