

DIRECTIONS & PARKING

Robert Gramlich, MD

Homeopath

8939 S. Sepulveda Blvd., Ste. 530

Los Angeles, CA 90045

Office (310) 337.7315

From the North:

Take 405 South, exit Howard Hughes Parkway and make a right onto Howard Hughes off the ramp. Turn right at bottom of ramp back onto Howard Hughes and up the hill to Sepulveda Blvd. Get in the left-hand lane to turn left onto Sepulveda Blvd.

From the South:

Take 405 North, exit Howard Hughes Parkway and continue going straight from the ramp. Get into the left-handed lane to turn left onto Sepulveda Blvd.

North and South Continued from Sepulveda Blvd.

The building is located on the right-hand side of Sepulveda Blvd, on the northwest corner of Westchester Parkway and Sepulveda Blvd. in the H.B. Drollinger (olive and grey) building.

From Sepulveda Blvd. pass through La Tijera Blvd. and turn right at H.B. Drollinger way. This light will turn you into the strip mall. There will be a Ralphs and a CVS in the parking lot. The best parking is above the CVS on the rooftop. You will be able to park there free for up to 3 hours or more. You can take the (slow) elevator or stairs down to ground level. After exiting the elevator continue to walk to the far right of the parking structure. You will see the building and walk through an alleyway to the courtyard of our building. Stay to the right thru the glass door and onto the elevator to the 5th floor.

Pediatric Intake Forms

Pregnancy:

Was prenatal care received before the sixth month of pregnancy?

Please indicate if any of the following problems occurred during pregnancy:

- _____ High Blood Pressure
- _____ Diabetes of sugar in urine
- _____ Protein in urine
- _____ German Measles
- _____ Gonorrhea or Syphilis
- _____ Drug or Alcohol dependence
- _____ Nausea (morning sickness)
- _____ Weight loss
- _____ Cigarette smoking

Other problems during pregnancy: _____

Please list any Medications taken during pregnancy:

Birth History:

Birth Place: _____ Home _____ Hospital

Name (city-state): _____

Birth: ___ Vaginal ___ Anesthesia ___ Cesarean ___ Forceps

Birth weight:

List any problems during labor or delivery:

Did the baby have any problems at birth?(breathing, premature,ect)?

Did the baby stay in the hospital longer than the mother?

Childhood:

Was/is the child breast feeding, and until what age?

Indicate at what age the child entered these developmental stages:

____Teeth ____Walk ____Talking

Indicate if this child has had any of the following problems in the first three years of life:

____High Fevers ____Excema ____Frequent colds
____Mumps ____Convulsions ____Diaper Rash ____Croup
____Measles ____Bronchitis ____Tonsilitis
____Whooping cough ____Ear Infections ____Asthma
____Frequent colds ____Pneumonia ____Chicken Pox

Other Past Medical Problems:

Has your child ever been hospitalized or had a surgical operation. If so, please list:

Current Medical Illnesses:

Please list your child's current medical problems, including those conditions which have brought him or her to Homeopathic treatment:

Immunizations:

Please indicate the kind of immunizations and age at which was given:

DIPHTHERIA:

MEASLES:

PERTUSSIS:

MUMPS:

TETANUS:

POLIO:

RUBELLA:

HEPATITIS:

Medications:

Allergies to medications:

If your child uses or has used any of the following, Please list the name and dosage.

Topical Ointments:

Antibiotics:

Antihistamines:

Vitamins:

Non-Prescription:

Other Medication:

Has your child ever been treated with any form of Cortisone (steroids), either pills, sprays, ointments or injections?

Health Questionnaire:

Indicate if this child has been bothered by any of the following problems:

- Headaches Shortness of breath Hay fever
- Convulsions
- Eyes crossing Wheezing/asthma allergies to animals
- Visual problems coughing spells Warts
- Wears Glasses Chest pains Exccema/skin rashes
- Eye Irritation Burping/gas Recurrent fevers
- Ear infections Abdominal pain Tiredness
- Difficulty hearing Vomiting Few friends
- Tugging at ears Diarrhea Shyness
- Ear drainage Food allergies Fears
- Dental problems Pain w/urination Easily upset
- Early tooth decay Bed wetting Temper fits
- Frequent colds Daytime wetting Fighting
- Nose bleeds Discharge from penis or vagina
- Nasal congestion high/low appetite Lying
- sore throats Weight gain/loss Difficult behavior
- Tonsilitis Bleeding problem biting/hitting
- School or learning problems overly clinging

Family History:

Please list the other family member and any medical problems they may have had?

List of illness/disease- Please indicate if any and who has had any of these from the list:

Family Members:	List of illness/diseases:
Name/age/illness/disease:	
Father	- Allergies
Mother	Arthritis
1 Brother	Asthma
1 Sister	Cancer
2 Brother	Diabetes
2 Sister	Heart and High BP
3 Brother	Mental Illness
3 Sister	Skin Disorders
	Weight Problems
Father's Father	Tuberculosis
Father's Mother	
Mother's Father	
Mother's Mother	

Dear Patient,

Please be advised that I am not a medicare provider. I do not take MediCal, Disability, or Assignment from Insurance carriers.

Patient Signature and Date:

1. Notify us 24hours (one full business day) before in order to cancel or reschedule an appointment. This allows us time to book another appointment and plan our schedule a day in advance. If not you **will be charged** in full for the visit.

2. Please call and leave a brief message (vm is only 60sec long) including your phone number incase we do not have it readily available. Any questions or message can and will be answered as soon as possible. Doctor Gramlich is available for emergency or serious issues by email: robgramlich@sbcglobal.net Please take into consideration follow up visits are scheduled for a purpose so please use the email address wisely.

Patient Signature and Date:
