

Confidential Pediatric History Form

It is our pleasure to welcome you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family feel more comfortable. To help serve you better, please complete the following information. We look forward to working with you! Thank you!

DATE _____ REFERRED BY _____

PATIENT NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ SEX _____ WEIGHT _____ HEIGHT _____ SS# _____

NAMES OF PARENTS/GUARDIANS _____

PURPOSE FOR CONTACTING US _____

OTHER DOCTORS SEEN? Yes / No IF YES, DR.'S NAME _____

We often find that our pediatric patients in their short lifetimes have had literally dozens of impacts to their bodies that could cause subluxations. A subluxation is a vertebrae out of its normal position, interfering with a nerve and causing pain and malfunctioning body parts. Please complete the information below to help me to discover any subluxations in your child:

What was your child's birth like? _____

How long was entire labor? _____ How long did you actually push? _____

(Circle one) Were you induced? Yes / No Nerve block? Yes / No C-Section? Yes / No

Was there any pulling on the head? Yes / No Forceps or Vacuum Extraction? Yes / No

47% of all children fall on their heads by the age of one and they have at least 200 more major falls by 5 years of age. Please answer a few questions regarding your child's current health concerns:

When was your child's most recent fall? _____ Was care given? Yes / No Chiropractor? Yes / No

When was your child's fall before that? _____ Was care given? Yes / No Chiropractor? Yes / No

In what sports or recreational activities does your child participate? _____

When was his/her most recent stress, strain or injury while doing these activities? _____

Was care given? _____

CHECK ANY OF THESE CONDITIONS YOUR CHILD HAS SUFFERED IN THE PAST 6 MONTHS:

- Ear infections Digestive problems ADHD Headaches Asthma/Allergies
- Bed wetting Auto accident Colic Seizures Growing Pains
- Chronic colds Back Pains Scoliosis Recurring fevers
- Temper tantrums Other

FAMILY HISTORY _____

PREVIOUS CHIROPRACTOR _____

DATE LAST VISIT _____ REASON _____

NAME OF PEDIATRICIAN _____

DATE LAST VISIT _____ REASON _____

NUMBER OF DOSES OF ANTIBIOTICS YOUR CHILD HAS TAKEN:

During the past six months _____ Total during his/her life _____

NUMBER OF DOSES OF OTHER PRESCRIPTION MEDICATIONS YOUR CHILD HAS TAKEN:

During the past six months _____ Total during his/her life _____

VACCINATION HISTORY _____

FEEDING HISTORY:

Breast Fed? Yes / No If yes, for how long? _____ Formula? Yes / No If yes, for how long? _____

Introduced to solids at _____ months Cows' milk at _____ months

Food/Juice allergies or tolerances: Yes / No If yes, please list _____

Subluxated vertebra can cause irritation to different fibers within nerves that can affect any organ or tissue, creating conditions now or in the future.

Are there any other conditions your child is experiencing? _____

If so, for how long? _____

Depending on the type and degree of the subluxated vertebra, nerve pressure can be constant or occasional.

How often does your child have the condition? _____

