



## Pediatric History Form

It is a 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. Many types of stressors (physical, mental, and chemical) can interfere with your child's growing brains, spine and nervous system. To help us serve you better, please complete the following information. We look forward to working with you to build better health for your family.

Child's Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Male/ Female (Circle one) Weight: \_\_\_lbs. Height \_\_\_ft. \_\_\_in. Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for pursuing care:  maintenance  improved health  problem: \_\_\_\_\_

Other doctors seen for this condition? Y/ N

Doctor's names and prior treatment:

\_\_\_\_\_  
\_\_\_\_\_

List any other health problems: \_\_\_\_\_

Family history: \_\_\_\_\_

Check any of the following conditions that currently apply:

Ear infections       Scoliosis       Chronic colds       Headaches  
 Allergies       Digestive problems       ADHD/ADD       Recurring Fevers  
 Colic       Growing/ back pains       Bed wetting       Temper tantrums \_\_\_  
 Seizures       Asthma       Car accident: When? \_\_\_\_\_

Other: \_\_\_\_\_

Previous Chiropractic Care? Y/ N      Last visit: \_\_/\_\_/\_\_

Name of Pediatrician: \_\_\_\_\_ Last visit: \_\_/\_\_/\_\_

Are you satisfied with the care your child has received at the pediatrician? Y/N

# of Doses of antibiotics your child has taken: Past 6 months \_\_\_\_\_ Total lifetime \_\_\_\_\_

Present prescription drugs/ dosage? \_\_\_\_\_

Past prescription drugs/ dosage? \_\_\_\_\_

Over the counter drugs (Tylenol, cough syrup, laxatives, etc.) \_\_\_\_\_

# Pediatric History Form Continued

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Prenatal History- (Circle what applies)

Name of Obstetrician/ Midwife: \_\_\_\_\_

Complications during pregnancy/ delivery? Y/N Explain: \_\_\_\_\_

Ultrasounds during pregnancy? Y/N How many? \_\_\_\_\_

Medications taken during pregnancy/ delivery? Y/N List: \_\_\_\_\_

Cigarette/ Alcohol use during pregnancy? Y/N

Location of birth (circle one): Hospital Birthing Center Home

Birth Intervention (circle one): Forceps Vacuum Extraction Caesarian Section

If Caesarian Section, was it: \_\_\_\_Emergency or \_\_\_\_Planned (check one)

Genetic disorders/ disabilities? Y/N List: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_ APGAR Scores: \_\_\_\_\_ - \_\_\_\_\_

## Feeding History

Breast Fed: Y/N How long? \_\_\_\_\_ Formula Fed: Y/N How long? \_\_\_\_\_ Type: \_\_\_\_\_

Introduced to: Solid Foods @ \_\_\_\_\_ months Cow's milk @ \_\_\_\_\_ months

Food/ Juice allergies or intolerances: Y/ N List: \_\_\_\_\_

## Developmental History

Your child's spine is most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). At what age was your child able to:

\_\_\_\_\_ Respond to stimuli \_\_\_\_\_ Cross Crawl \_\_\_\_\_ Stand alone

\_\_\_\_\_ Respond to visual stimuli \_\_\_\_\_ Hold head up \_\_\_\_\_ Walk alone

\_\_\_\_\_ Sit up

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e. a bed, changing table, down stairs)

Did your child have a fall similar to what was described above? Y/N

Explain: \_\_\_\_\_

Has your child been involved in any sports? Y/N List: \_\_\_\_\_

\_\_\_\_\_

Has your child been seen by a physician on an emergency basis? Y/N Explain: \_\_\_\_\_

\_\_\_\_\_

Other traumas not described above? \_\_\_\_\_

**Lifestyle-** please check what applies

Does your child:  eat health food products (organic products, etc. )  drink water

take vitamins Type: \_\_\_\_\_

take probiotics

Exercise:  none

moderate

daily

heavy

Hobbies/ interests: \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_



Parent/ Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_