



## Child's Health History

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT WORK PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ OTHER CHILDREN - NAMES/AGES \_\_\_\_\_

WHO REFERRED YOU TO US? \_\_\_\_\_

PAST CHIROPRACTIC CARE? YES/NO DR.'S NAME/LOCATION \_\_\_\_\_

\_\_\_\_\_ LAST VISIT \_\_\_\_\_

CURRENT MEDICAL CARE? YES/NO WHY? \_\_\_\_\_

CURRENT DRUGS/MEDICATION \_\_\_\_\_

REASON FOR CONSULTING THIS OFFICE \_\_\_\_\_

**PLEASE CHECK THE CHOICE THAT MOST CLOSELY DESCRIBES  
CURRENT GOALS FOR YOUR CHILD'S HEALTH /WELLBEING**

- I am only concerned about relief of a particular symptom.
- I am only concerned about relief of a particular symptom, and preventing it's return.
- I want optimum health and wellbeing on every level for my child.

**WE ACCEPT PAYMENT BY CASH, CHECK AND CREDIT CARD**

**I understand that all services are to be paid in full at the time of service,  
Unless other arrangements have been made and agreed upon in writing.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

The human body is designed to express health and function normally. However, events may occur in life, which can interfere with this natural ability

This interference is most commonly the result of vertebral subluxations.

Physical, chemical or emotional stress may cause these subluxations.

The practice of chiropractic is based on the location and reduction of nerve system interference caused by vertebral subluxations.

**Please check all that apply**

- Any illness during pregnancy? Explain \_\_\_\_\_
  - Drugs/medicine/tobacco/alcohol in pregnancy \_\_\_\_\_
  - Labor chemically induced? \_\_\_\_\_
  - Pulling or twisting during delivery? \_\_\_\_\_
  - Forceps/Vacuum Extraction/ C-section? \_\_\_\_\_
  - Premature delivery? \_\_\_\_\_
  - Vaccinations? \_\_\_\_\_
  - Jaundice treatment? \_\_\_\_\_
  - Colic? \_\_\_\_\_
  - Eating or nursing problems? \_\_\_\_\_
  - Sleeping problems? \_\_\_\_\_
  - Falls in first year of life? \_\_\_\_\_
  - Other falls or injuries? \_\_\_\_\_
  - Respiratory problems? \_\_\_\_\_
  - Ear infections? \_\_\_\_\_
  - Allergies/Asthma? \_\_\_\_\_
  - Digestive problems? \_\_\_\_\_
  - Hyperactivity? \_\_\_\_\_
  - Poor Nutrition? \_\_\_\_\_
  - Auto Accident or Injury? \_\_\_\_\_
  - Sports Injury? \_\_\_\_\_
  - Family/Home Stress? \_\_\_\_\_
  - Prescription Drug Use? \_\_\_\_\_
  - Non-Prescription Drug Use? \_\_\_\_\_
  - Ever Hospitalized? \_\_\_\_\_
  - Surgery? \_\_\_\_\_
  - Any Major Illnesses? \_\_\_\_\_
  - Reoccurring Illnesses? \_\_\_\_\_
  - Limited Exercise? \_\_\_\_\_
  - Any other health related problems? \_\_\_\_\_
- Anything else?** \_\_\_\_\_

I hereby authorize Dr. \_\_\_\_\_ and whoever may be designated as assistants to provide chiropractic care as may be deemed necessary to my child/ward: \_\_\_\_\_.

Signed: \_\_\_\_\_