



WELCOME

"Each patient carries his own doctor inside him. We are at our best when we give the doctor who resides within each patient a chance to work." - Albert Schwietzer, MD.

Contact Info

last name	first name	date of birth
street		
city	state	zip code
parent/guardian last name	first name	relationship
home phone	mobile phone	
work phone	email	

Health History

Purpose For Contacting Us? _____

Other Doctors Seen for this Condition: Y N Doctors' Names and Treatments: _____

Other Health Problems? _____

Check any of the following conditions your child has suffered from during the past six months:

- | | | | | |
|---|------------------------------------|---|---|---|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Growing/Back pains | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> ADHD | <input type="checkbox"/> Recurring fevers | <input type="checkbox"/> Chronic colds | <input type="checkbox"/> Asthma/Allergies |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Colic | <input type="checkbox"/> Car accident | <input type="checkbox"/> Temper tantrums | |

Other _____

History

Family history: _____

Previous chiropractor: _____

Date of last visit: ___/___/___ Reason: _____

Name of pediatrician: _____

Date of last visit: ___/___/___ Reason: _____

Are you satisfied with the care your child receives there? Y N

Number of doses of antibiotics your child has taken: During the past six months: _____ Lifetime: _____

List the antibiotics taken: _____

Vaccination history: _____

Prenatal History

Name of Obstetrician/Midwife: _____

Complications during pregnancy? Y N , _____

Ultrasounds during pregnancy? Y N , Number: _____

Medications during pregnancy/delivery? Y N ,List: _____

Cigarette/Alcohol use during pregnancy? Y N

Location of birth: Hospital Birthing center Home

Birth intervention: Forceps Vacuum extraction Caesarian section- Emergency or Planned

Complications during delivery? Y N ,List: _____

Genetic disorders or disabilities: Y N ,List: _____

Birth weight: _____ Birth length: _____ APGAR Scores: _____, _____

Feeding Hx

Breast fed: Y N , How long: _____
 Formula fed: Y N , How long: _____ Type: _____
 Introduced to solid foods at: _____ Months, Cows milk at _____ Months
 Food/Juice allergies or intolerances: Y N ,List: _____

Developmental Hx

During the following times 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(sounds and touching) _____ Respond to visual stimuli _____ Hold head up
 _____ Sit up _____ Cross crawl _____ Stand Alone _____ Walk alone

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, etc.)

Was this the case with your child? Y N

Is / Has your child been involved in any high impact or contact sports (i.e. soccer, football, gymnastics, baseball, cheerleading, Martial arts, etc.)? Y N ,List: _____

Has your child ever been in a car accident? Y N ,List: _____

Has your child been seen on an emergency basis? Y N ,List: _____

Other traumas not described above? Y N ,List: _____

Prior surgery? Y N ,List: _____

Childhood diseases:

Chicken Pox Y N , Age: _____ Rubella Y N , Age: _____ Rubeola Y N , Age: _____
 Mumps Y N , Age: _____ Whooping Cough Y N , Age: _____ Other Y N , Age: _____

Do Not Write Below This Line

Infant Physical Exam

Supine Leg Length Check

Infant Reflexes – Under 1	Right	Left
Rooting	P A	P A
Sucking	P A	P A
Nasopalperbral	P A	P A
Blink	P A	P A
Pupillary	P A	P A
Head control	P A	P A
Tonic neck	P A	P A
Neck righting	P A	P A
Otolith righting	P A	P A
Palmar grasp	P A	P A

Palpation Exam

OCC	C1	C2	C3	C4	C5	C6	C7	
T1	T2	T3	T4	T5	T6	T7	T8	T9
T10	T11	T12		L1	L2	L3	L4	L5
SAC	LI	RI	Doctor's Notes:					

P – present A – absent