Pediatric Health History Forms

Patient Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Parent's Best Contact #: _____

Age: ___ Birthdate: _____ Sex: **M** **F** Weight: _____ Height: _____

Names of Parents/Guardians: _____

Parent's Best Email Address: _____

Purpose for Contacting Us: □ Spinal check-up □ Other: _____

Other Doctors seen for this condition: □ Yes □ No

Doctors' names & prior treatments: _____

_____

Other health problems: _____

Pertinent family history: _____

Has this child been under previous chiropractic care: □ Yes □ No

Date of last visit: _____

Name of Pediatrician: _____

Date of last visit: _____ Reason: _____

Are you satisfied with the care you child received? □ Yes □ No

Number of doses of antibiotics your child has taken: Past 6 months_____Lifetime____

Number of doses of other prescription medications: Past 6 months_____Lifetime____

Have you chosen to vaccinate this child? □ Yes □ No

Reactions following vaccination (up to 30 days after): _____

Prenatal History:

Name of obstetrician/midwife: _____

Complications during pregnancy: □ No □ Yes List: _____

_____

Ultrasounds during pregnancy: □ No □ Yes Number: _____

Complications during delivery: □ No □ Yes List: _____

_____

Medications during pregnancy/delivery: □ No □ Yes List: _____

_____

Location of birth: □ hospital □ birthing centre □ home / □ emergency □ planned

Birth intervention: □ forceps □ vacuum extraction □ cesarean section □ epidural

Apgar scores: _____ Cigarettes/alcohol used during pregnancy: □ Yes □ No

Genetic disorders or disabilities: □ No □ Yes List: _____

_____

Birth weight: _____ Birth length: _____

FOR DOCTORS USE ONLY

History

Description of present complaint:

MVA:

Sports:

Falls:

Birth:

Occupation:

Other:

Feeding History:

Breast fed: □ Yes □ No How long?

Formula fed: □ Yes □ No How long? Type:

Introduced: Solids at ____ months Cow's milk at ____ months

Food/juice allergies or intolerances: □ Yes □ No

List: _____

Developmental History:

According to the national safety council, approximately 50% of children fall from a high place during the first year of life (i.e. a bed, changing tables, downstairs, etc.). Was this the case with your child? □ Yes □ No

Is/has your child been involved in any high impact or contact type sports (i.e. soccer, football, gymnastics, baseball, cheerleading, martial arts, etc.): □ Yes □ No

Has your child ever been in a car accident? □ No □ Yes List: _____

Has your child ever been seen on an emergency basis: □ No □ Yes

_____

Other traumas not described above: □ No □ Yes List: _____

_____

Hospitalization or priority surgery: □ No □ Yes List: _____

_____

Childhood Diseases:

□ Chicken Pox (Age ____) □ Mumps (Age ____)

□ Rubella (Age ____) □ Whooping Cough (Age ____)

□ Rubeola (Age ____) □ Other (Age ____)

Does your child or his/her siblings suffer from:

□ Asthma (Age ____) □ Skin problems (Age ____)

□ Allergies (Age ____) □ Difficulty sleeping (Age ____)

□ Hyperactivity (Age ____) □ Colic (Age ____)

□ Bed wetting (Age ____) □ Digestive difficulties (Age ____)

□ Ear infections (Age ____)

How painful/problematic is the child's main concern on a scale of 1-10 (where 10 is severely painful or problematic)? _____

Authorization for Care of Minor

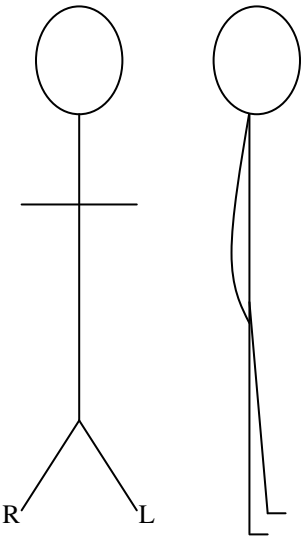
I hereby authorize this office and its doctors to administer care to my son/daughter as they deem necessary. I clearly understand and agree that I am personally responsible for payment of all fees charged by this office.

Signature: _____ Date Signed: _____

FOR DOCTORS USE ONLY

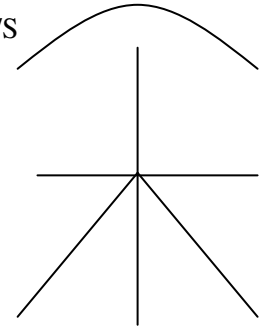
Exam

Posture:

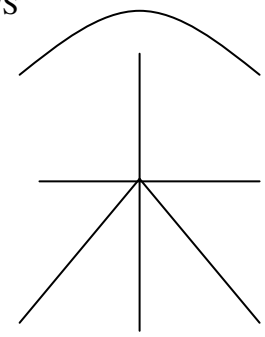


ROM:

C/S



L/S



Heel to toe walk: N +

Subluxations:

Your Informed Consent

Although Chiropractic is reported to be the safest health care system in the world, some say there are very slight risks associated with it. We feel that it is responsible to let you know:

a. Risk of stroke is reported to be 1 in 5-8 million or so… and the cause has yet to be determined.
b. While extremely rare, there have been reports of ligament sprains, and even fractures reported.
c. There have been rare reports of disc injuries, although no clinical scientific study has ever demonstrated chiropractic care to be the cause.

Chiropractic care has been proven to be both clinically and very cost effective. The risk of injuries and complications is so small that chiropractors carry the lowest malpractice insurance premiums of all the health care professions in the world. Compared to traditional medical/drug/surgical care, which has a yearly death rate of approximately 200,000 people in North America, chiropractic is your safest health care system.

I have read and understand the above consent on behalf of my child, and have had the opportunity to discuss it with my child's chiropractor.

Parent's Name: _____ Date: _____

Parent's Signature: _____ Child's Name: _____
(Please Print)

Our Fee Structure

Please note our fees for your initial visit:

Consultation	Complimentary
Initial Visit	$100.00
Radiology	$85.00

Please note that if you have been involved in a motor vehicle accident, our fee structure may differ due to the complexity of your needs in such cases.