

Child's Health History

NAME _____ DATE _____
PARENTS/GUARDIANS _____
ADDRESS _____ CITY _____
PROVINCE _____ POSTAL CODE _____
HOME PHONE _____ PARENT WORK PHONE/S _____
BIRTHDATE _____ CARE CARD NUMBER _____
E-MAIL ADDRESS _____
WHO REFERRED YOU TO US? _____
PAST CHIROPRACTIC CARE? YES/NO DRS NAME/LOCATION _____

LAST VISIT _____
CURRENT MEDICAL CARE? YES/NO WHY? _____
CURRENT DRUGS/MEDICATION _____
REASON FOR CONSULTING THIS OFFICE _____

PLEASE CHECK THE ONE 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 its return.
- I want optimum health and wellbeing on every level for my child.

WE ACCEPT PAYMENT BY CASH, CHEQUE, VISA AND MASTERCARD

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 caused by vertebral subluxations.
 - Stress that is physical, chemical or emotional may cause these subluxations.
- The practice of chiropractic is based on the location and reduction of nerve system interference caused by the vertebral subluxation.

PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH BIRTH:
(Please circle any that apply)

During Pregnancy	Since Birth
1) Drugs/medicine	1) Nursed how long
2) Tobacco/alcohol	2) Baby Jaundiced
3) Illness during	3) Feeding problems
Explain:	4) Sleeping problems
	5) Colic
	6) Vaccinations
During Labor & Delivery	Explain:
1) Labor chemically induced	
2) Labor doctor assisted	
3) C-section delivery	
4) Forceps/Vacuum Extraction	
5) Doctor pull or twist baby	
6) Premature delivery	
7) Birth weight	
8) APGAR score	
Explain:	

PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH CHILDHOOD:

1) Any falls or injuries	Explain:
2) Respiratory problems	
3) Ear infections	
4) Allergy/Asthma	
5) Bedwetting	
6) Digestive problems	
7) Hyperactivity	
8) Other health problems	
9) Hospitalized	
10) Growing pains	
ANYTHING ELSE?	
Past medications	

I hereby authorize the above named doctor(s) and whoever may be designated as assistants; to provide chiropractic care as may be deemed necessary to my child/ward.

Signature: