

CONFIDENTIAL PEDIATRIC HEALTH HISTORY

Please PRINT clearly.

Today's Date: _____

PATIENT INFORMATION

Name: (Last, First, MI) _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

INFANTS AND NEWBORNS – HEALTH HISTORY

PRENATAL HISTORY

Name of Previous Chiropractor: _____

Birth Weight: _____ Birth Length: _____ Full Term? No Yes (Describe): _____

Complications during pregnancy? No Yes (Describe): _____

Medications during pregnancy or delivery? No Yes (List): _____

Cigarette/Alcohol/Drugs during pregnancy? No Yes (List): _____

Birth Interventions? No Forceps Vacuum Caesarian Other _____

FEEDING HISTORY

Breast fed? No Yes (How Long?) _____ Formula fed? No Yes (How Long?) _____

Introduced to cereal at _____ months old. Introduced to solids at _____ months old.

Food/Juice allergies or intolerances? No Yes (Describe): _____

DEVELOPMENTAL HISTORY

Sleep (Hours per Night?) _____ Problems Sleeping? (Describe) _____

HAS YOUR CHILD EVER SUFFERED FROM: (Check all that apply)

Pediatric

- ADHD
- Allergies/Asthma
- Autism
- Back/Neck Pain
- Bed Wetting
- Behavioral issues
- Chronic Earaches
- Colic
- Constipation
- Growing Pains
- Nightmares
- Reflux
- None in this Category

Childhood Diseases

- Chicken Pox: Age _____
- Measles: Age _____
- Meningitis: Age _____
- Mumps: Age _____
- Rubella: Age _____
- Tuberculosis: Age _____
- Whooping Cough: Age _____
- Other: _____ Age _____
- None in this Category

Has your child been vaccinated?

- No Yes
(Any Adverse Reactions? – Describe:)

Current Medications: _____ Past Medications: _____

Surgeries: Ear Tubes left / right / both Tonsils / Adenoids Other: _____

CONSENT FOR TREATMENT OF MINOR

I hereby authorize Dr. _____ or whomever he may designate as assistants to administer examinations and chiropractic care as deemed necessary to: _____ (minor patient's name).

Printed Name Parent/Guardian: _____ Witness: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____