

PEDIATRIC HISTORY FORM

Dear New Patient,

It is our pleasure to welcome you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family feel more comfortable. To help us serve you better, please complete the following information. We look forward to working with you to build better health for your family.

Patient Name: _____ S.S.# _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Birth Date: ____/____/____ Work Phone: _____

Sex: _____ Weight: _____ Height: _____ Referred by: _____

Names of Parents / Gauradians: _____

Purpose For Contacting Us?

Other doctors seen for this condition: ____ No ____ Yes; Doctors' Names and Prior Treatments: _____

Other Health Problems? _____

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

Ear Infections Scoliosis Seizures Chronic Colds Headaches
 Asthma/Allergies ADHD Recurring fevers Colic Growing/Back Pain
 Bed wetting Car Accident Digestive Problems Temper Tantrums Other _____

Family History: _____

Previous Chiropractor: _____ Date of last visit: _____ Reason: _____

Name of Pediatrician: _____ Date of last visit: _____ Reason: _____

Are you satisfied with the care which your child has received there? ____ No ____ Yes

Number of Doses of Antibiotics Your Child has Taken:

During the past six months: _____ Total During his / her lifetime: _____

Number of Doses of Other Prescription Medications Your Child has Taken:

During the past six months: _____ Total During his / her lifetime: _____ List: _____

Vaccination History: _____

Prenatal History:

Name of Obstetrician / Midwife: _____

Complications during pregnancy? ____ No ____ Yes; List: _____

Ultrasounds during pregnancy? ____ No ____ Yes; Number: _____

Medications during pregnancy / delivery? ____ No ____ Yes; List: _____

Cigarette / Alcohol use during pregnancy? ____ No ____ Yes

Location of Birth: _____ Hospital _____ Birthing Center _____ Home _____ Other: _____

Birth Intervention: ____ Forceps ____ Vacuum Extraction

____ Ceasarian Section : emergency or planned (please circle)