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CHIROPRACTIC PEDIATRIC HISTORY

Please complete this confidential history questionnaire. The consultation is offered to determine if you are a candidate for chiropractic care. Your answers will help us to help you. The human body is designed to be healthy. Throughout life, events occur which damage your health. This consultation will uncover the layers of damage, especially to your nervous system and spine that can result in poor health. Thank you for choosing CHAMPION CHIROPRACTIC to meet your health care needs.

PATIENT INFORMATION:

Name_____ Date_____

Address_____ City_____ Zip_____

Age___ Date of Birth_____ Sex_____ Social Security_____

PARENT/GUARDIAN INFORMATION:

Name_____ Relationship to Patient_____

Address (if different from above):_____

Home Phone_____ Cell Phone_____ Work_____

Email_____ Occupation_____

Pediatrician_____ Phone_____

Who may we thank for referring you to us? _____

Reason for visit? _____

Have you seen other doctors for this condition? Yes____ No_____

Family History/Health Problems_____

Do you play sports? ___Yes ____ No, List: _____

Complications during Pregnancy? ___Yes ___No, List: _____
Complications during Delivery? ___Yes ____No, List: _____

Rate your food intake: 1 2 3 4 5 6 7 8 9 10
1=Poor-Processed Foods/Take Out/Fast Food 10=Excellent, Organic, Fresh, Healthy

Have you ever suffered from:

- Ear Infections
- Backpack pain
- Poor Posture
- Headaches
- Bed Wetting
- Recurring Fevers
- Temper Tantrums
- Autism Spectrum
- Scoliosis
- Colds
- ADHD/ADD
- Dizziness
- Fainting
- Heart Trouble
- Sinus Trouble
- Asthma
- Colic
- Orthopedic Problems
- Joint Problems
- Walking Trouble
- Broken Bones
- Digestive Disorders
- Poor Appetite
- Stomach Aches
- Reflux
- Constipation
- Diarrhea
- Diabetes
- Hypertension
- Anemia
- Behavioral Problems
- Ruptures/Hernia
- Muscle Pain
- Growing Pains
- Other Health Problems: _____ _____
- Allergies to _____
- Allergies to _____
- Allergies to _____

Have you ever suffered the following spinal traumas?

- Fall in baby walker
- Fall from crib
- Fall from highchair
- Fall from changing table
- Fall from bed or couch
- Fall off swing
- Fall of slide
- Fall off monkey bars
- Fall off skateboard or skates
- Fall off bicycle
- Fall down stairs
- Other _____

Have you ever sustained an injury playing organized sports? ___ If yes, please explain:
_____
_____
_____

Have you ever sustained injuries in an auto accident? ___ If yes, please explain:
_____
_____
_____

Surgery: _____
_____

Number of doses of antibiotics you have taken during the past 6 months: _____

Medications: _____
_____
_____

Vitamins/Supplements: _____
_____
_____

Accidents: _____
_____