Pediatric Health History Form

Name:_____ Date of Birth:_____ Age:_____ Sex: ☐ M ☐ F
Address:_____ City: _____ Province:_____ Postal Code: _____
Parent's Home Phone: _____ Parent's Work Phone:_____
Health Card Number: _____ Version Code: _____ Expiry Date: _____
Parent's and Sibling's Names: _____
Who may we thank for referring you?_____

Why This Form Is Important:
In this office, our focus is on helping people to function optimally so that they are stronger, healthier and better able to adapt to the stresses of everyday life. This form gives us a better understanding of the physical, chemical and emotional stresses that can gradually accumulate over time to produce health problems. Please complete this form as thoroughly as possible and the doctor will review it with you.

Current Health Concern

Health Concern: _____
When did it begin? _____ How often does it occur? _____
What relieves it?_____
What aggravates it? _____
Other Professionals Seen For Concern:_____
Treatment and Results:_____

Birth History

Child's gestational age at birth ____ weeks Birth Weight: _____ Length: _____
Birth experience: ☐ Midwife ☐ Medical Labour: ☐ Spontaneous ☐ Induced
Any procedures during birth? ☐ Forceps ☐ Vacuum Extraction ☐ C-section ☐ Episiotomy
Any complications before or after birth? ☐ Yes ☐ No
If yes, please explain: _____
Evidence of obvious birth trauma? ☐ Bruising ☐ Odd shaped head ☐ Stuck in birth canal ☐ Cord around neck

Family Health History

Please note any health issues that are present with family relations:
Brothers: _____
Sisters: _____
Father: _____
Mother: _____
Grandparents: _____

In this office we will perform a thorough assessment of your child's spine to locate areas of **Vertebral Subluxations**. Subluxations are the areas of dysfunction in the spine that interfere with the healthy connection between the nervous system and all the different parts of your body. This will result in compromised health and reduced energy to the tissue which that part of the nervous system supplies. Subluxations are caused by *physical, chemical* and *mental/emotional* stresses that overwhelm the nervous system and spine. Please complete the next page of this form to the best of your ability. This will help us to determine the causes of the subluxations we may find.

Physical Stresses

Any significant falls or trauma to the mother during pregnancy? ☐ Yes ☐ No ☐ Unsure
For the child, were there any falls from couches, beds, change tables, etc? ☐ Yes ☐ No ☐ Unsure
Any hospital visits for concussions, possible fractures or other traumas? ☐ Yes ☐ No ☐ Unsure
Have there been any surgeries? ☐ Yes ☐ No
If yes, please explain: _____
Is a backpack worn? ☐ Yes ☐ No If yes, is it ☐ heavy or ☐ light?
Does your child participate in sports? ☐ Yes ☐ No
Any hobbies or activities which require prolonged, awkward or repetitive postures? (i.e. violin, gymnastics, etc.)
☐ Yes ☐ No ☐ Unsure

Chemical Stresses

During pregnancy, did the mother: – use medications? ☐ Yes ☐ No If yes, which ones? _____
– smoke? ☐ Yes ☐ No
– drink? ☐ Yes ☐ No
Was the child breast-fed? ☐ Yes ☐ No If yes, how long? _____
Formula introduced at what age? _____
Began solid foods at what age? _____
Vaccination history: Vaccinations given: _____
Any reactions? ☐ Yes ☐ No If yes, please list: _____
Has the child been or is the child currently on any medications? ☐ Yes ☐ No
If yes, please list: _____

Mental/Emotional Stresses

Any problems with bonding? ☐ Yes ☐ No ☐ Unsure
Any behavioural problems? ☐ Yes ☐ No ☐ Unsure
Any night terrors, sleep walking, difficulty sleeping? ☐ Yes ☐ No ☐ Unsure
Average number of television hours per week? _____
Do you feel that your child's social and emotional development is appropriate for their age? ☐ Yes ☐ No ☐ Unsure

Authorization For Care of a Minor (Under 16 Years of Age)

I hereby authorize the chiropractic evaluation and care of my child by your chiropractic clinic staff.

Child's Name: _____ Parent's Name: _____ Date: _____

Parent's Signature: _____ Witness: _____

Thank you for completing this form. If you have any further concerns, please note them in the space below: