



WELCOME

"Each patient carries his own doctor inside him. We are at our best when we give the doctor who resides within each patient a chance to work." - Albert Schwietzer, MD.

Contact Info

last name	first name	date of birth
street		
city	state	zip code
parent/guardian last name	first name	relationship
home phone	mobile phone	
work phone	email	

Health History

Purpose For Contacting Us? _____

Other Doctors Seen for this Condition: Y N Doctors' Names and Treatments: _____

Other Health Problems? _____

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

Ear infections Scoliosis Seizures Growing/Back pains Headaches

Digestive problems ADHD Recurring fevers Chronic colds Asthma/Allergies

Bed wetting Colic Car accident Temper tantrums

Other _____

History

Family history: _____

Previous chiropractor: _____

Date of last visit: ___/___/___ Reason: _____

Name of pediatrician: _____

Date of last visit: ___/___/___ Reason: _____

Are you satisfied with the care your child receives there? Y N

Number of doses of antibiotics your child has taken: During the past six months: _____ Lifetime: _____

List the antibiotics taken: _____

Vaccination history: _____

Prenatal History

Name of Obstetrician/Midwife: _____

Complications during pregnancy? Y N , _____

Ultrasounds during pregnancy? Y N , Number: _____

Medications during pregnancy/delivery? Y N ,List: _____

Cigarette/Alcohol use during pregnancy? Y N

Location of birth: Hospital Birthing center Home

Birth intervention: Forceps Vacuum extraction Caesarian section- Emergency or Planned

Complications during delivery? Y N ,List: _____

Genetic disorders or disabilities: Y N ,List: _____

Birth weight: _____ Birth length: _____ APGAR Scores: _____

Feeding Hx

Breast fed: Y N , How long: _____
 Formula fed: Y N , How long: _____ Type: _____
 Introduced to solid foods at: _____ Months, Cows milk at _____ Months
 Food/Juice allergies or intolerances: Y N ,List _____

Developmental Hx

During the following times your child's spine is most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference).

At what age was your child able to :

_____ Respond to stimuli(sounds and touching) _____ Respond to visual stimuli _____ Hold head up
 _____ Sit up _____ Cross crawl _____ Stand Alone _____ Walk alone

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e. a bed, changing table, down stairs, etc.)

Was this the case with your child? Y N

Is / Has your child been involved in any high impact or contact sports (i.e. soccer, football, gymnastics, baseball, cheerleading, Martial arts, etc.)? Y N ,List: _____

Has your child ever been in a car accident? Y N ,List: _____

Has your child been seen on an emergency basis? Y N ,List: _____

Other traumas not described above? Y N ,List: _____

Prior surgery? Y N ,List: _____

Childhood diseases:

Chicken Pox Y N , Age: _____ Rubella Y N , Age: _____ Rubeola Y N , Age: _____
 Mumps Y N , Age: _____ Whooping Cough Y N , Age: _____ Other Y N , Age: _____

Do Not Write Below This Line

Infant Physical Exam

Supine Leg Length Check

Palpation Exam

Infant Reflexes – Under 1	Right		Left		OCC	C1	C2	C3	C4	C5	C6	C7	
	P	A	P	A									
Rooting	P	A	P	A									
Sucking	P	A	P	A									
Nasopalperbral	P	A	P	A	T1	T2	T3	T4	T5	T6	T7	T8	T9
Blink	P	A	P	A									
Pupillary	P	A	P	A									
Head control	P	A	P	A	T10	T11	T12		L1	L2	L3	L4	L5
Tonic neck	P	A	P	A									
Neck righting	P	A	P	A	SAC	LI	RI	Doctor's Notes:					
Otolith righting	P	A	P	A									
Palmar grasp	P	A	P	A									

P – present A – absent