

Child's Health History Form

Date: _____

Name: _____ Age: _____

Phone #: _____ Birth Date: _____ Male Female

Address: _____

Suburb: _____ State _____ Post Code: _____

Mother's Name: _____ Father's Name: _____

Reason for consulting our office:

Whom may we thank for referring you?

Health Profile

Why is this form important?

As a family chiropractic office, we focus on your child's ability to be healthy.

Our goals are first:

to address the issues that brought you to this office, and second, to offer you and your child the opportunity of improved health potential and wellness services.

Addressing the Issues That Brought You To The Office

If your child has no symptoms or complaints, and is here for wellness services, please tick ; otherwise, you need to briefly describe the chief area of complaint, including the effect it has on the child.

If experiencing pain, is it: Sharp Dull Comes and goes Travels Constant
 Since the problem started, is it: About the same Getting better Getting worse?
 What makes it worse?

It interferes with: School Sleep Walking Sitting Hobbies Other: _____

Other doctors seen for this problem:

Chiropractor: _____

Medical doctor: _____

Other: _____

List medications the child is taking or surgeries the child has had:

Daily we experience physical, chemical, and emotional stresses that can accumulate and result in serious loss of health potential. Most times the effects are gradual and begin very early in life. Answering these questions will give us information that will allow us to better assess the challenges to your child's health potential.

Pregnancy:

Were there any complications to the pregnancy? _____

Was Mum on any medications, prescription or over-the-counter? Yes No

If yes, explain: _____

Did Mum or Dad smoke during pregnancy? Yes No Who? _____

Was the baby ever in the Breech position? Yes No

How many ultrasounds were performed? _____

Birth and Delivery:

Where was the baby born? Home Hospital Birthing Center Other: _____

Was the delivery: Vaginal C-section Were any devices used? Forceps Vacuum

How long was the labour? _____ How long was the delivery? _____

Was oxytocin/pitocin used? Yes No Was an epidural administered? Yes No

Infancy:

Was the infant vaccinated? Yes No

Was there any prolonged use of medicines or an inhaler? Yes No If yes, which _____

Did the infant suffer any traumas such as serious falls or car accidents? Yes No

Has the infant been under regular chiropractic care? Yes No

Childhood years:

Did the child have any childhood illnesses? Yes No Explain: _____

Does the child play sport? Yes No Which sport/s? _____

Has the child had any surgery? Yes No Explain: _____

Has the child fallen from a height over 3 ft./1m? Yes No Explain: _____

Was the child involved in any car accidents? Yes No When? _____

Has there been any prolonged use of meds? Yes No Explain: _____

Has the child suffered emotional traumas? Yes No Explain: _____

Please give us any other health information you feel would be helpful: _____

The statements made on this form are accurate to the best of my recollection and I request and give consent to this office to chiropractically examine and care for my child.
Parent's signature: _____ Date: _____

Consent to proceed with treatment: PARENT/GUARDIAN INFORMATION

Changes to the law now require all practitioners who manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatments of the neck may damage a blood vessel and give rise to stroke or stroke-like symptoms (approx 1 in 5.85 mil. Neck manipulations. Haldeman, et al. Spine vol 24-8 1999). If any adjustments (manipulations) are required your child will be tested beforehand, as has always been our practice.

Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000).[Dvorak study in Principles and Practice of Chiropractic, Haldeman. 2nd Ed.]

Chiropractic adjustment (manipulations) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives. (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993.)

The procedures to be used in your child's case will be described after which you will be asked if you have any questions. After speaking with the chiropractor we request that you sign below as **your consent to proceed**. Please note there may be a considerable degree of variation in individual patient response.