



Present State of Health

It surprises many people when they discover chiropractic doctors don't treat symptoms, instead they find the underlying cause(s) of your ache, pain or condition, and help your body to heal. Chiropractors understand that symptoms may indicate that there is something not functioning properly in the body, or they may just be healthy warning signs from an optimally functioning body that is being overstressed.

People present to this clinic in various stages of health or health decline. If your child is experiencing symptoms then please describe these as fully and informatively as you can by answering the following:

Major symptom/problem _____

Pain / Problem started on _____ triggered by _____

Birth

The birth of your child can give vital clues as to potential spinal problems. Please answer the following questions very carefully.

Was your child delivered?

Normally	Yes	No	Breech	Yes	No
Posterior	Yes	No	Premature	Yes	No
At Term	Yes	No	Caesarian	Yes	No
Late	Yes	No	Forceps	Yes	No
Chemically Induced	Yes	No	Suction/Vacuum	Yes	No
Other	_____				

Birth weight _____ Apgar Scores _____

How long were you in labour? _____ Hours How long did you "push" for? _____ Mins /Hours

Do you believe the birth was traumatic for your child? Yes / No

Was your child's head misshapen at birth Yes No

Were there any delivery complications? Yes No

Details _____

Birth to Six Months

Was your child breast fed?	Yes	No	For how long?	_____		
Was your child formula fed?	Yes	No	For how long?	_____	Type	_____
Did your child suffer with colic?	Yes	No	If yes, how bad was it?	Mild	Moderate	Severe
Did your child suffer with reflux?	Yes	No	If yes, how bad was it?	Mild	Moderate	Severe

Would you say your child was a:

Very poor sleeper Poor sleeper Average sleeper Good sleeper Very good sleeper

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Other Problems

Please indicate by circling any of the following conditions, which your child has experienced in the past:

- | | | |
|----------------------------|-------------------------|---------------------|
| Headache | Allergies | Neck Pain |
| Back Pain | Constipation/Diarrhea | Earaches/Infections |
| Sinus Pain | Recurrent Tonsillitis | Bedwetting |
| Recurrent chest Infections | Growing Pains | Hyperactivity |
| Loss of appetite | Poor sleeping habits | Visual disorders |
| Constant fatigue | Arm/Leg pain | Poor co-ordination |
| Learning difficulties | Recurrent stomach aches | Digestive disorders |
| Scoliosis | Fever | Convulsions |
| Joint pains | Asthma | Travel sickness |
| Night Terrors | Seizures | Chronic Colds |
| Recurring Fevers | Hip Problems | Other _____ |

Medical History

How long did your child crawl for? _____ Months
Is your child accident-prone? Yes No Has your child had any significant falls? Yes No
Please describe any falls or accidents your child has had. _____

Has your child ever been involved in a motor vehicle accident? Yes No
Is your child on medication? Yes No
Vaccination History? _____
Has your child had any diseases / illnesses? Yes No
Has your child ever been hospitalized or had surgery? Yes No If yes, please describe:

Has your child ever had any broken bones or sprain injuries? Yes No If yes, please describe:

Has your child ever been assessed for the presence of scoliosis? Yes No
Has your child had a learning disorder? Yes No
Has your child taken antibiotics? Yes No What for and when? _____

How many times has your child taken antibiotics?
In last six months _____ During Lifetime _____

How many doses of other Prescription Medication has your child taken? In last six months: _____ During Lifetime: _____

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