

PEDIATRIC CONFIDENTIAL PATIENT INFORMATION

PEDIATRIC PATIENT INFORMATION:

DATE ___/___/___

FULL NAME: _____ DOB: ___/___/___ AGE: ___ Male Female

ADDRESS: _____ APT#: _____ SSN: _____ - _____ - _____

CITY: _____ STATE _____ ZIP CODE _____ PRIMARY PHONE (____) _____

ETHNICITY: Caucasian Hispanic or Latino African American Other: _____RACE: White African American American Indian/Alaskan Native Asian Korean Hispanic Other: _____ I choose not to specify

NAME OF PARENTS/GAURDIANS: _____

PURPOSE FOR TODAYS VISIT? _____

HAVE THEY SEEN OTHER DOCTORS OR THIS CONDITION? YES NO

IF YES, PLEASE PROVIDE DOCTORS NAME(S) AND TREATMENT(S): _____

INSURANCE INFORMATION:

RELATIONSHIP TO INSURED? Self Child Other: _____

INSURED'S FIRST AND LAST NAME _____ INSURED'S DOB ___/___/___

PRIMARY INSURANCE CO. _____

MEDICAL HISTORY

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

 Ear infections Scoliosis Seizures Chronic Colds Headaches Asthma/Allergies Bed Wetting ADHD Recurring Fevers Collic Digestive Problems Growing Pains Back Pain Other: _____ Temper Tantrums Car Accidents (Date(s): _____

Family History: _____

Number of Doses of **Antibiotics** your child has taken: Past six months: _____ Total: _____Number of Doses of **Prescription Drugs** your child has taken: Past six months: _____ Total: _____

List: _____

Vaccinations: _____

Prenatal History

Name of Obstetrician/Midwife: _____

Complications during pregnancy? NO YES, List: _____Ultrasounds during pregnancy? NO YES, Number: _____Medications during pregnancy? NO YES, List: _____Cigarette/Alcohol use during pregnancy? NO YESLocation of birth: Hospital Birth Center HomeBirth Intervention: Forceps Vacuum Extraction Caesarian Section: Emergency PlannedComplications during delivery? NO YES, List: _____Genetic disorders or disabilities? NO YES, List: _____

Birth Weight: _____ Birth Length: _____ APGAR Scores: _____

Chiropractic History

Previous Chiropractor: _____

Date of Last Visit: ___/___/___ Reason: _____

Feeding History

Breast Fed: NO YES, How long: _____

Formula Fed: NO YES, How long: _____

Introduced to Solids at : _____ months Introduced to Cow's milk at: _____ months

Food/Juice Allergies/Intolerances: NO YES, List: _____

Developmental History

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:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Respond to sound | <input type="checkbox"/> Respond to Visual Stimuli | <input type="checkbox"/> Hold Head up |
| <input type="checkbox"/> Sit up | <input type="checkbox"/> Cross Crawl | <input type="checkbox"/> Stand Alone |
| <input type="checkbox"/> Walk Alone | | |

Accident/Injury History

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. bed, changing table, etc.)

Was this the case with your child? NO YES, Explain: _____

Has your child been in a car accident? : NO YES, List: _____

Severity? MILD MODERATE SEVERE

Is/Has your child been involved in any high impact or contact type sports (i.e. Soccer, Football, Gymnastics, Baseball, Cheerleading, Martial Arts, Etc.)? NO YES, What sport(s):

Has your child been seen on an emergency basis? NO YES, List: _____

Other traumas not described above? NO YES, List: _____

Any surgeries? NO YES, List: _____

Menarche: NO YES, List: _____

Childhood Diseases

Chicken Pox: NO YES, Age: _____

Mumps: NO YES, Age: _____

Rubella: NO YES, Age: _____

Rubeolla: NO YES, Age: _____

Whooping Cough: NO YES, Age: _____

Other: NO YES, Age: _____

AUTHORIZATION FOR CARE OF A MINOR

I hereby authorize this office and its doctors to administer care to my child as they deem necessary. I clearly understand and agree that I am personally responsible for all payment of fees charged by this office.

Parent/Guardian Signature: _____ **Date:** _____