

Okanagan Chiropractic

Child History Form-Birth to 12 years of age

FULL PATIENT NAME: _____ BC HEALTH CARE # _____
MOTHERS NAME: _____ FATHERS NAME: _____
ADDRESS: _____ CITY: _____ PROV: _____ P.C: _____
DATE OF BIRTH: _____ AGE: _____ SEX: M F WEIGHT: _____ HEIGHT: ___' ___"
PHONE #'S: HOME: _____ MOTHER'S WK: _____ FATHER'S WK: _____

MOTHER'S PREGNANCY & LABOUR:

During pregnancy, did the mother:

.....take any medication? Yes No

Explain: _____

.....experience any illness? Yes No

Explain: _____

.....smoke or consume alcohol? Yes No

Approximately how long did the labour last? _____ hrs

Where did the birth occur? Home Hospital (If home skip to next sect.)

Was the labour chemically induced? Yes No

Was a C-Section performed? Yes No

Forceps or vacuum extraction used? Yes No

Did Doctor pull or twist baby's neck? Yes No

Was the delivery premature? Yes No

If yes, at _____ month and _____ weight

Check if the child experienced any of the following immediately after birth:

Jaundice Respiratory problems Feeding problems Displaced or broken joints

Other: _____

VACCINATIONS:

Have you chosen to vaccinate your child? Yes No (If No skip to next sect.)

If yes, check all vaccinations the child has received:

DPT Polio Hepatitis MMR Chicken Pox Other(s): _____

Describe ANY and ALL reactions to the vaccine(s): _____

AWARENESS OF CHIROPRACTIC PRINCIPLES:

Were you aware that:

- Doctors of Chiropractic work with the nervous system Yes No
- The nervous system controls all bodily functions and systems Yes No
- Chiropractic is the largest natural healing profession in the world Yes No
- If Chiropractic care starts at birth, you can achieve a higher Level of health throughout life Yes No

REASON FOR THE VISIT:

Describe the purpose of this visit: _____

Is the purpose of this appointment related to :

Sports Auto Home injury Chronic discomfort Other: _____

When did this condition begin? _____

Has this condition: Gotten better Gotten worse Stayed same Comes and goes

Does this condition interfere with: Sleep Daily routine Other activities: _____

Has this condition occurred before? Yes No Explain: _____

Dr.'s name(s): _____

Type of treatment: _____

Results: _____

CHILD'S CURRENT HEALTH STATUS:

Is your child accident prone? Yes No

Has your child
.....been hospitalized Yes No

.....had a severe fall Yes No

.....been in a car accident Yes No

Has your child taken antibiotics? Yes No

If yes, please explain: _____

Is your child currently taking any medications? Yes No

CHILD'S HEALTH HISTORY:

Please check each of the diseases or conditions that the child has experienced in the past or present:

- | | | |
|---|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Headaches | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> Pink eye |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Attention problems |
| <input type="checkbox"/> Ear problems | <input type="checkbox"/> Colic | <input type="checkbox"/> Digest problems |
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Sleeping disorders | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

FAMILY HEALTH HISTORY:

Diabetes Cancer Stroke Heart disease High Blood Pressure Arthritis Other _____

GOALS FOR MY CHILD'S CARE:

Some children go to a Chiropractor for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their bodies. Your Doctor will assess your child's needs and wishes when recommending your child's Chiropractic care program. Please check the type of care desired so that we may be guided by your wishes whenever possible.

- Relief Care: Symptomatic relief of pain or discomfort
- Corrective Care: Correcting and relieving the cause of the problem as well as the symptoms
- Comprehensive Care: Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic care
- I want the Doctor to select the type of care appropriate for my child.