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# PEDIATRIC NEW PATIENT INFORMATION

Dear Patient:

Please complete this questionnaire. Your answers will help determine if Chiropractic can help your child. Please answer ALL questions, even if they seem unrelated to your case. There are conditions Chiropractic can help that you may be unaware of. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case.

## PERSONAL HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Health Ins # \_\_\_\_\_ Phone: Home \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

School \_\_\_\_\_ Family MD/Pediatrician \_\_\_\_\_

Referred to this office by \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Who is responsible for your bill? Parent Guardian Other \_\_\_\_\_

Insurance other than AHC? (London Life, Blue Cross, etc.) \_\_\_\_\_

## CURRENT HEALTH CONDITION

Present complaint \_\_\_\_\_

Previous treatment for this condition \_\_\_\_\_

When did this condition begin? \_\_\_\_\_

Are there others in your family with this same condition?/or spinal conditions? \_\_\_\_\_

What do you believe caused this condition? \_\_\_\_\_

Presently taking medication? (please mention) \_\_\_\_\_

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## PAST HEALTH HISTORY

Major surgery/operations: Appendix Tonsils Hernia Tubes in Ears

Other \_\_\_\_\_

Birth Process Normal Abnormal Easy Hard

Major accidents or falls, fracture (Please describe) \_\_\_\_\_

Previous Chiropractic care and approximate date of last visit \_\_\_\_\_

Treatment for any health condition in the last year Yes No

If yes, please explain \_\_\_\_\_

Any reactions to vaccinations Yes No

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Please check any of the following conditions that are a problem; and underline any that were a problem in the past.

### MUSCLE & JOINT

- sore muscles
- sore joints
- growing pains
- muscle cramps
- back problems
- neck problems
- painful tailbone
- pain between shoulders
- spinal curvature
- arthritis
- difficulty chewing/clicking jaw
- general stiffness
- walking problems
- feet turn in/out
- coordination problems
- headaches

### GENERAL

- fatigue
- allergies
- difficulty sleeping
- dizziness
- fainting
- earaches
- nose bleeds
- sore throat
- asthma
- chronic cough
- enlarged glands
- loss of weight
- poor/excessive appetite
- junk food
- nervousness
- depression/confusion

### ORGANS

- bedwetting
- constipation  
/ diarrhea
- anemia
- thyroid
- vomiting
- skin eruptions  
/ eczema

I am both authorized to do so, and I authorize this child for treatment.

\_\_\_\_\_  
Signature

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