Child/Minor Health Form Ages Newborn-5 years old for Chiropractic Care

Expressions of Life Chiropractic
Dr. Jenny Dubisar, FICPA Family Chiropractor

Today's Date: _____

Basic Information:

Child's Last Name: _____ First Name: _____ MI: _____

Age: _____ Birth Date: _____ Sex: M F

Address: _____ City/State: _____

Zip: _____ Phone Number: (____)_____

Are both Parents/Guardians in agreement with chiropractic care for this child: ❑ Yes ❑ No

Is there a current concern or reason seeking care? ❑ Yes ❑ No If yes, please share: _____

_____

_____

_____

Has Child seen another care provider for this concern? ❑ Yes ❑ No _____

IBCLC? ENT? Pediatrician? Specialist? Other? Name: _____

Parent/Guardian Information

(If either parent has a different last name/address/phone from the child, please provide that as well)

Parent Name: _____ Spouse/Parent Name: _____

_____ _____

Email: _____ Email: _____

Home Phone: (___)_____ Home Phone: (___)_____

Work phone: (___)_____ Work Phone: (___)_____

Cell Phone: (___)_____ Cell Phone: (___)_____

Does the immediate family receive regular chiropractic care? ❑ Yes ❑ No

---

In case of Emergency Contact (other than a parent): _____

Relationship to Child: _____ **Phone Contact number:** _____

Health Provider Information

Pediatrician/Health Care Provider: _____

Phone: _____ May we Contact this Provider? ❑ Yes ❑ No

Most Recent Appointment: _____ Reason for Appointment: _____

_____

Additional Health Care Providers Seen: _____

_____

Child/Minor Health Form Ages Newborn-5 years old for Chiropractic Care

General Childhood Health (check one): ❑Excellent ❑Rarely Ill ❑Average ❑Frequently Ill

For any "Yes" responses, please use the Additional Detail space provided on Page 3.

History:

Mother's Pregnancy (check one): ❑Easy ❑Difficult ❑Complications

Chemical Stress: ❑Smoking (Self or Environment) ❑Alcohol ❑Medications immediately prior to, or during pregnancy

Prenatal Care provided by whom? _____

The Birth: (check as many as apply): ❑Premature ❑ Easy ❑Difficult ❑Complications

❑Birthing Center ❑Home/Midwife ❑Hospital ❑Epidural ❑Dystocia

❑Forceps/Suction ❑Induced Labor ❑C-Section ❑Traumatic

Additional Notes: _____

The First Year:

❑ Breast Fed exclusive ❑Bottle/Breast ❑Bottle/Formula ❑Other _____

Age of introduction to solids and type of food(s): _____

Diapers: ❑ Cloth ❑Commercial

Childhood Milestones: Sitting Up: _____ Crawling: _____ Walking: _____

Any comments on Milestone Issues: _____

Additional Childhood History: (*For items circled yes, please list details on next page).*

Y	**N**	**Congenital Birth Anomalies**	**Y**	**N**	**Childhood Immunizations**
Y	**N**	**Childhood Diseases/Disorders**	**Y**	**N**	**Any recurring illnesses**
Y	**N**	**Developmental Disorders**	**Y**	**N**	**Childhood Physical Traumas/Injuries**
Y	**N**	**Broken Bones, Sprained Ligaments/Tendons**	**Y**	**N**	**Childhood Emotional Traumas**
Y	**N**	**Food/Environment/Medical Allergies**	**Y**	**N**	**Car Accidents**

Any additional information you'd like us to know: _____

To my knowledge, the above information is correct and accurate. I understand that the purpose of this office and the chiropractic care which it provides is to locate, analyze and contribute to the correction of vertebral subluxation, and does NOT seek to diagnose or treat any disease. With my signature below, I hereby consent to chiropractic care for my child.

Parent/Guardian Signature (s): _____ Date: _____

_____ Date: _____

Additional Details (If Yes on Page 2)

Congenital Birth Anomalies:

Childhood Immunizations:

Date	Type	Any Reactions?

Childhood Diseases/Disorders:

Date	Type	Details

Recurring Illnesses: *(ex: Ear aches, bronchitis, tonsillitis, etc.)*

Developmental Disorders:

Childhood Physical Trauma: *(ex: Falling from a changing table, severe accident on hard surface, high speed collisions, etc.)*

Broken Bones, Sprains:

Date	Where *(ex: L/R Wrist, Ankle)*	Details

Childhood Emotional Trauma: *(ex: Birth Trauma, Death of a beloved relative or pet, divorce, etc.)*

Allergies:

Car Accident:

When	Where was child?	Details

Additional Comments: