

**BIRTH HISTORY:**

Was the delivery premature or full-term? Gestational Age: \_\_\_\_\_

Was the delivery via C-Section or vaginal delivery? \_\_\_\_\_

Was the delivery an emergency? \_\_\_\_\_

Was medication given to induce labor?  Yes  No \_\_\_\_\_

Were any medications given during labor?  Yes  No \_\_\_\_\_

Were forceps used in the delivery?  Yes  No Vacuum Extraction?  Yes  No

Any complications during the delivery?  Yes  No \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_

APGAR scores: at one minute \_\_\_\_\_, at five minutes \_\_\_\_\_

Was the use of oxygen required?  Yes  No

Did your child require additional hospitalization?  Yes  No \_\_\_\_\_

Was your child bottle, breast-fed or both? \_\_\_\_\_

Did your child have difficulty latching on or any sucking difficulties?  Yes  No \_\_\_\_\_

**DEVELOPMENTAL HISTORY: (Physical, Speech, Emotional, Social, Academic)**

Please tell us about your child's development. Did he/she show signs of delay or advancement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age when he/she rolled over: \_\_\_\_\_

spoke his/her first word: \_\_\_\_\_

sat up unsupported: \_\_\_\_\_

spoke in sentences: \_\_\_\_\_

crawled: \_\_\_\_\_

became toilet trained: \_\_\_\_\_

walked: \_\_\_\_\_

Does he/she show any signs of food allergies/intolerances?  Yes  No \_\_\_\_\_

Is / has your child been involved in any high impact or contact type sports ( i.e., Soccer, Football, Gymnastics, Baseball, Cheerleading, Martial Arts, Wrestling, etc. ) ?  Yes  No List: \_\_\_\_\_

Has Your Child Ever Been Involved in a Car Accident ?  Yes  No \_\_\_\_\_

Has Your Child Been Seen on an Emergency Basis?  Yes  No, List: \_\_\_\_\_

Other Traumas Not Described Above ?  Yes  No, List: \_\_\_\_\_

Does your child tend to fall frequently?  Yes  No

Does your child show any signs of muscle weakness?  Yes  No

**Thank you** for taking the time to complete this form. This information is valuable in obtaining an overall view of your child, as certain conditions or procedures may impact the spine and nervous system. Any additional information you'd like to share in order to help us learn more about your child is absolutely welcomed! \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WE ARE HERE TO SERVE YOU AND YOUR CHILD, AND ENCOURAGE YOU TO ASK QUESTIONS.  
YOUR INPUT AND PARTICIPATION IS VITAL AND WILL HELP DETERMINE YOUR CHILD'S RESULTS.**

**AUTHORIZATION FOR CARE OF MINOR**

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

Signed: \_\_\_\_\_ Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_