

ABOUT THE CHILD

	ABOUT THE CHILD
NAME:	
ADDRESS:	
CITY:	STATE/ZIP CODE:
HOME PHONE:	
DATE OF BIRTH:	AGE:
SOCIAL SECURITY NUMBER:	
GENDER:	WEIGHT:
	ABOUT THE PARENT
PARENT NAME:	
ADDRESS:	
☐ SAME AS ABOVE	
CITY:	STATE/ZIP CODE:
HOME PHONE:	CELL PHONE:
EMAIL ADDRESS:	
EMPLOYER NAME:	
EMPLOYER NAME: EMPLOYER ADDRESS:	
	EMPLOYER STATE/ZIP CODE:
EMPLOYER ADDRESS:	EMPLOYER STATE/ZIP CODE: POSITION TITLE:
EMPLOYER ADDRESS: EMPLOYER CITY:	
EMPLOYER ADDRESS: EMPLOYER CITY:	
EMPLOYER ADDRESS: EMPLOYER CITY: WORK PHONE:	
EMPLOYER ADDRESS: EMPLOYER CITY: WORK PHONE: INSURANCE COMPANY:	POSITION TITLE:
EMPLOYER ADDRESS: EMPLOYER CITY: WORK PHONE: INSURANCE COMPANY: INSURED'S NAME	POSITION TITLE:
EMPLOYER ADDRESS: EMPLOYER CITY: WORK PHONE: INSURANCE COMPANY: INSURED'S NAME INSURED'S SOCIAL SECURITY NUMB	POSITION TITLE: ER:
EMPLOYER ADDRESS: EMPLOYER CITY: WORK PHONE: INSURANCE COMPANY: INSURED'S NAME INSURED'S SOCIAL SECURITY NUMB	POSITION TITLE: ER: VACCINATIONS
EMPLOYER ADDRESS: EMPLOYER CITY: WORK PHONE: INSURANCE COMPANY: INSURED'S NAME INSURED'S SOCIAL SECURITY NUMB INSURED'S DATE OF BIRTH HAVE YOU CHOSEN TO VACCINATE	POSITION TITLE: ER: VACCINATIONS YOUR CHILD?
EMPLOYER ADDRESS: EMPLOYER CITY: WORK PHONE: INSURANCE COMPANY: INSURED'S NAME INSURED'S SOCIAL SECURITY NUMB INSURED'S DATE OF BIRTH	POSITION TITLE: ER: VACCINATIONS YOUR CHILD? YES NO LD HAS RECEIVED:

CHIROPRACTIC EXPERIENCE

CHIROPRACTIC EXPERIENCE
WHO REFERRED YOU TO OUR OFFICE?
HAVE YOU SEEN OR HEARD OF OUR OFFICE BECASE OF (ALL THAT APPLY):
□ WEBSITE □ SIGN □ YELLOW PAGES □ COMMUNITY EVENT □ MAILING
HAVE YOU BEEN ADJUSTED BY A CHIROPRACTOR BEFORE? ☐ YES ☐ NO
IF YES, WHAT WAS THE REASON FOR THOSE VISITS?
DOCTOR'S NAME:
APPROXIMATE DATE OF LAST VISIT:
HAS ANY ADULT IN YOUR FAMILY EVER SEEN A CHIROPRACTOR?
HAS ANY CHILD IN YOUR FAMILY EVER SEEN A CHIROPRACTOR?
REASON FOR THIS VISIT
DESCRIBE THE REASON FOR THIS VISIT:
IS THE PURPOSE OF THIS APPOINTMENT RELATED TO: □ SPORTS □ AUTO □ FALL □ HOME INJURY □ OTHER PLEASE EXPLAIN:
WHEN DID THIS CONDITION BEGIN?
HAS THIS CONDITION:
☐ GOTTEN WORSE ☐ STAYED CONSTANT ☐ COME AND GONE
DOES THIS CONDITION INTERFERE WITH: □ SLEEP □ DAILY ROUTINE □ OTHER ACTIVITIES PLEASE EXPLAIN:
HAS THIS CONDITION OCCURRED BEFORE?
PLEASE EXPLAIN:
HAVE YOU SEEN OTHER DOCTORS FOR THIS CONDITION?
□ YES □ NO
DOCTOR'S NAME:
TYPE OF TREATMENT:



MOTHER'S PREGNANCY & LABOR

☐ HYPERACTIVITY

□ COLIC

☐ OTHER:

M	OTHER'S PREG	NANCY & LABOR	Ц		CHILD'S CURREN	T HEALTH	STATUS
DURING PREGNANCY DII □ DRUGS/MED IF YES, PLEASE EXPLAIN:	OICATIONS TOB	ACCO/ALCOHOL		HAS YOUR CHILD E	VER TAKEN ANTIBIOTICS?	☐ YES	□ NO
DESCRIBE YOUR DELIVERY: □ LABOR WAS CHEMICALLY INDUCED □ C-SECTION DELIVERY □ FORCEPTS/VACUUM EXTRACTION □ DOCTOR PULLED OR TWISTED BABY □ PREMATURE DELIVERY PLEASE EXPLAIN:				PLEASE EXPLAIN:	VER BEEN HOSPITALIZED?	□ YES	□ NO
				HAS YOUR CHILD EVER HAD A SEVERE FALL? YES NO PLEASE EXPLAIN:			
DID YOU EXPERIENCE AN PLEASE EXPLAIN:	NY ILLNESS(S) WHILE PR ☐ YES ☐ NO	EGNANT?		HAS YOUR CHILD E	VER BEEN IN A CAR ACCIDEN	IT? □ YES	□ NO
DID YOU NURSE THE BAI DID YOU EXPERIENCE FE		YES NO		IS YOUR CHILD ACC PLEASE EXPLAIN:	IDENT PRONE?	☐ YES	□ NO
DID YOUR BABY HAVE C VACCNATIONS?		YES NO	╢	HAS YOUR CHILD EVE PLEASE EXPLAIN:	ER HAD SURGERY?	□ YES	□ NO
INSTRUCTIONS:		of the diseases or		IS YOUR CHILD CUR PLEASE EXPLAIN:	RENTLY TAKING MEDICATION	ONS? ☐ YES	□ NO
conditions that the ch may seem unrelated t	ild now or had had i o the purpose of the	n the past. While they appointment, they can the possibility of being		□ YES □ NO	HAVE DIFFICULTY INTERACT PLEASE EXPLAIN:		
□ ALLERGIES	□ CONSTIPATION	□ IRRITABILITY	Ш	HAVE YOU OR ANYONE ELSE NOTICED THAT YOUR CHILD IS NOTICED THAT YOUR CHILD		ERVOUS,	
□ ASTHMA	□ DIGESTIVE PROBLEMS	☐ SKIN PROBLEMS	Ш	☐ YES ☐ NO PLEASE EXPLAIN:			
☐ ATTENTION PROBLEMS	☐ EAR PROBLEMS	☐ SLEEPING DISORDERS			ANY) IN YOUR CHILD'S HEAI	LTH OR BEHAV	'IOR
☐ BED WETTING	☐ FREQUENT COLDS	☐ TUBES IN THE EARS		WOULD YOU LIKE ACCOMPLISHED?			
☐ BREATHING PROBLEMS	☐ HEADACHES	□ VISION PROBLEMS	П				

CHIROPRACTIC AWARENESS

DOCTORS OF CHIROPRACTIC WORK WITH THE NERVOUS SYSTEM?	THE NERVOUS SYSTEM CONTROLS ALL BODILY FUNCTIONS AND SYSTEMS?		
☐ YES ☐ NO	□ YES □ NO		
CHIROPRACTIC IS THE LARGEST NATURAL HEALING PROFESSION IN THE WORLD?	IF CHIROPRACTIC CARE STARTS AT BIRTH, YOU CAN ACHIEVE A HIGHER LEVEL OF HEALTH THROUGHOUT LIFE?		
□ YES □ NO	□ YES □ NO		