

Welcome to our office! Please answer the following questions:

Name			Home Phone	Home Phone	
Address City, State, Zip				Work Phone	
			Cell Phone _		
E-n	nail Address				
Birth Date		Age	Grade in School		
1.	Spinal problems can cause a variety of health problems. Please check the health complaint(s) your child is currently experiencing or experiences on a periodic basis:				
	O Neck Pain	○ Asthma	○ Frequent Colds	○ Skin Problems	
	$^{\bigcirc}$ Back Pain	○ Allergies	O Spinal Curvature	○ Chronic Fatigue	
	○ Headaches	○ Sinus Problems	○ Indigestion		
	○ Bedwetting	○ Ear Infections	○ Arthritis	o	
2.	What is your child's primary health complaint?				
3.	3. Research shows that spinal problems often begin at birth. How old was your child when they received their first chiropractic				
	\odot Never $\bigcirc 0-2$ years $\bigcirc 2-5$ years $\bigcirc 5-12$ years				
4.	Difficult, long, and/or doctor-assisted births can cause spinal misalignments. Was your child born vaginally, by C-section, forceps, suction cup, or other device? (Please circle one)				
5.	How long was the actual labor and delivery time? $\circ 0 - 3$ hours $\circ 3 - 12$ hours $\circ 12 - 24$ hours $\circ > 24$ hours				
6.	Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problem? OYES ONO				
7. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your child'				ou rate your child's posture?	
		Poor - 1 2 3 4	5 6 7 8 9 10 – Exc	cellent	
8.	Did your child have early health challenges such as colic, irritability, or frequent ear infections? O YES O NO				
9.	Does your child have other health problems that concern you?				
10.	Do you miss work or sleep often due to your child's illness(es)? $$ $$ $$ YES $$ $$ $$ NO				
11.	1. Do you worry often about your child's health? $$ $$ YES $$ $$ NO				
12.	2. Do you have any health problems that affect your family? Please list				
13.	. Is your child currently takin	g prescription medication? \circ YE	S O NO Please list		
14.	Falls, sports impacts, and a	auto accidents can cause serious	spinal problems. Is this visit re	elated to a fall, sports impact, auto accident or	
	injury? O YES O NO Date of incident				
15.	If the doctor feels that your child will benefit from chiropractic care, are you willing to follow his/her recommendations?				
	○ YES ○ NO				

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request, however original x-rays remain the property of the clinic.