

PEDIATRIC INTAKE – AGES 10 AND UNDER

Child's Name:		Today's Date:						
Age: Date of Birth: _		Gender: Personal H	ealth Number:					
Address:		City/Prov:		Postal Code:				
Birth Weight:	_ Birth Height:	Current Wei	ght:	Current Height:				
How would you prefer we	contact you for	appointment reminders? T	ext Email	Phone				
Who can we thank for refe	erring you to ou	r office?						
Parent/Guardian Conta	ct Informatio	n						
Name:	Pł	none:	Email:	Email:				
Date of Birth:	Ins	Insurance Company:						
Name:	Pł	none:	Email:					
Date of Birth:	Ins	Insurance Company:						
Doctor Information								
Pediatrician/Family MD: _	mily MD: Office Location:							
Last Visit:	Reason for Visit:							
Birth Information								
Were there any complicat	ions during pre	gnancy?						
Were any medications tak	en during pregr	nancy? Please List:						
Were there any complicat	ions during the	birthing process?						
Length of labour:		Length of c	lelivery:					
Check what applies:	C-Section	Epidural/Delivery Meds	Home Birth	Hospital Birth				
	Formula	Breast Feeding	Premature	Induction				
	Bruising	Breech Presentation	Forceps	Vacuum				

Child's Current Condition

As a family chiropractic office, it is our goal that our practice members, both young and old, have optimal spinal health.

Please check if your child has no symptoms or complaints and is here for a wellness based spinal health assessment. If there are specific concerns that you may have, please proceed to the next page.

Please describe the condition as best you can:

Health Concern

Frequency

	i.e. Body part, trauma	Constant, daily, intermittent	10 = Severe	Sitting, lying down, etc.	Sitting, lying down, etc.				
1									
2									
3									
Whe	en did the problem(s) begin	?		Gradual Su	dden Unknown				
Any	bowel or bladder problems	since this began?							
Hav	e you seen any other doctor	rs for this problem? Y N	If yes, whe	en?					
Wha	at were the results of any pa	st treatment?							
How is the problem now? Rapidly Improving Improving Slowly About the Same Worse									
Plea	ase list any vitamins, supple	ments or herbs your child ta	kes:						
Please list any medications or antibiotics that have been taken within the last 6 months:									
Trease list any interleations of untibloties that have been taken within the last of months.									
Has	vour child sustained an iniu	ry from a motor vehicle coll	ision? Y N	I					
Has your child sustained an injury from a motor vehicle collision? Y N Please detail any serious falls or fractures your child has suffered (i.e. fall from crib, chair, stairs):									
ried	ase detail ally sellous falls of	rractures your crillo has sur	rered (i.e. raii i	iroin crib, criair, stairs):					
––– Plea	ase detail any surgeries, hos	pitalizations or medical inte	rventions vou	r child has undergone:					
	actail ally soligelies, iles	p	, , , , , , , , , , , , , , , , , , , ,	. caas cas.gae.					
Dlas	ase note any developmental	or milestone delays your ch	nild has experie	enced:					
Piec		of fillestone delays your cr	ma mas experi						
	, , , , , , , , , , , , , , , , , , ,	of fillestone delays your cr							
	your child been formally dia			N					
—— Has		agnosed with any specific co	onditions? Y	N					
Has If ye	your child been formally dia	agnosed with any specific co	onditions? Y	N					
Has If ye	your child been formally dia es, please list: nptoms – Please check any ck problems	agnosed with any specific co	onditions? Y	N Ruptures / Herr					
Has If ye Sym Ne	your child been formally dia es, please list: nptoms – Please check any eck problems m problems	agnosed with any specific co that apply: Headaches Dizziness	onditions? Y	N Ruptures / Herr Asthma					
Has If ye Sym Ne Arr Leg	your child been formally dia es, please list: nptoms – Please check any eck problems m problems g problems	agnosed with any specific co that apply: Headaches Dizziness Fainting	onditions? Y	N Ruptures / Herr Asthma Anemia					
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Hass If yee Sym Nee Arm Lec Join Baa Scc Ont	eyour child been formally disces, please list:es, please list:enptoms – Please check any eck problems m problems g problems nt problems ckaches oliosis thopedic problems or posture	agnosed with any specific control of that apply: Headaches Dizziness Fainting Seizures Heart trouble Chronic earaches Sinus trouble Hypertension	onditions? Y	Ruptures / Herr Asthma Anemia Colic Digestive disord Poor appetite Stomach aches Reflux	nia				
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Pain o-10

Relieves Symptoms

Worsens Symptoms