

## **PEDIATRIC HEALTH HISTORY AND PROFILE**

Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Email Address (office communication) \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Has your child ever received spinal adjustments by a Chiropractor before? Y N

If yes when and by whom? \_\_\_\_\_ How long did your child go? \_\_\_\_\_

Have you or your spouse ever received chiropractic care? Y N

What other natural forms of healthcare has your child received? \_\_\_\_\_

What do you hope for your child to receive from chiropractic care in this office? \_\_\_\_\_

### **PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD'S HISTORY**

Were you physically ill prior to or during the pregnancy? Y N

Was the pregnancy difficult? Y N

Did you have any falls, accidents or physical injuries during the pregnancy? Y N

Was your labor chemically induced? Y N

Were you conscious/semiconscious/unconscious?

Was the birth:     \_ drug induced \_forceps or suction \_"C"section \_breech

                  \_ natural \_prolonged \_cord around the neck

Was the birth:     \_ at home \_in a birthing center \_in a hospital \_other

Was your child incubated or isolated? Y N

Was your child: \_bottle fed \_breast fed \_other

Has your child experienced any of the following (If so please list when and any further comments you wish to share):

Headaches \_Allergies \_Ear infections \_Breathing problems \_Fatigue \_Irritability

\_Hyperactivity \_Flu \_Frequent colds \_Bloody noses \_Meningitis \_Diarrhea \_Colic

\_Constipation \_Rashes \_Milk or lactose intolerance \_Bed Wetting \_Asthma

\_Sleeping disorders \_Digestive problems \_Other

Regarding your child today:

Has your child ever been unconscious? Y N

Has your child ever used crutches or corrective braces? Y N

Is your child accident-prone? Y N

Has your child had any falls down steps? Y N

Has your child ever been involved in an auto accident? Y N

Has your child ever been hospitalized or had surgery? Y N

Has your child ever had any broken bones or sprain injuries? Y N

Is your child on any medications? Y N

Has your child been vaccinated? Y N

Is your child active in any particular sports? If yes which ones \_\_\_\_\_

Is your child hyperactive? Y N

Does your child have learning disorders? Y N

Does your child have poor posture? Y N

Is your child nervous, or has anyone suggested that your child was nervous?

How would you rate your child's physical health?

\_excellent \_good \_fair \_poor \_getting better \_getting worse

How would you rate your child's emotional/mental health?

\_excellent \_good \_fair \_poor \_getting better \_getting worse

Is there anything else you may wish to share which may help us to better?

understand your child? \_\_\_\_\_

We appreciate your time and concern regarding the matters that impact your child's health. A brief, non-invasive spinal health screening will be performed to determine if your child has any functional or structural spinal problems. Spinal misalignments at an early age can cause nerve system stress/subluxation that can interfere with your child's optimum health and immune function. Chiropractic care helps your child's health potential, overall spinal health and improves their immunity!

I hereby authorize Dr. Eric Mintz and whomever he may designate to administer care as he deems necessary to my son/daughter.

Signed \_\_\_\_\_ Witnessed \_\_\_\_\_

Printed \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_