



WELCOME

“EACH PATIENT CARRIES HIS OWN DOCTOR INSIDE HIM. WE ARE AT OUR BEST WHEN WE GIVE THE DOCTOR WHO RESIDES WITHIN EACH PATIENT A CHANCE TO WORK. — ALBERT SCHWIETZER, MD

Pediatric History Form

Health History

Purpose For Contacting Us? _____

Other Doctors Seen for this Condition: Y N Doctors' Names and Treatments: _____

Other Health Problems? _____

Check any of the following conditions your child has suffered from during the past six months:

- Ear infections
- Scoliosis
- Seizures
- Chronic colds
- Headaches
- Asthma/Allergies
- Digestive problems
- ADHD
- Recurring fevers
- Growing/Back pains
- Colic
- Bed wetting
- Car accident
- Temper tantrums
- Other _____

History

Family history: _____

Previous chiropractor: _____

Date of last visit: ___/___/___ Reason: _____

Name of pediatrician: _____

Date of last visit: ___/___/___ Reason: _____

Are you satisfied with the care your child receives there? Y N

Number of doses of antibiotics your child has taken: During the past six months: _____ Lifetime: _____

List the antibiotics taken: _____

Vaccination history: _____

Prenatal History

Name of Obstetrician/Midwife: _____

Complications during pregnancy? Y N , _____

Ultrasounds during pregnancy? Y N , Number: _____

Medications during pregnancy/delivery? Y N , List: _____

Cigarette/Alcohol use during pregnancy? Y N

Location of birth: Hospital Birthing center Home

Birth intervention: Forceps Vacuum extraction Caesarian section- Emergency or Planned

Complications during delivery? Y N , List: _____

Genetic disorders or disabilities: Y N , List: _____

Birth weight: _____ Birth Length: _____ APGAR Scores: _____, _____

Feeding Hx

Breast fed: Y N ,How long:_____

Formula fed: Y N ,How long:_____ Type:_____

Introduced to solid foods at:_____ Months, Cows milk at _____ Months

Food/Juice allergies or intolerances: Y N , List _____

Developmental Hx

During the following times your child's spine is most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). **At what age was your child able to :**

_____ Respond to stimuli(sounds and touching) _____ Respond to visual stimuli _____ Hold head up
 _____ Sit up _____ Cross crawl _____ Stand Alone _____ Walk alone

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e. a bed, changing table, down stairs, ect.)

Was this the case with your child? Y N

Is / Has your child been involved in any high impact or contact sports (i.e. soccer, football, gymnastics, baseball, cheerleading, Martial arts, ect.)? Y N ,List:_____

Has your child ever been in a car accident? Y N ,List:_____

Has your child been seen on an emergency basis? Y N ,List:_____

Other traumas not described above? Y N ,List:_____

Prior surgery? Y N ,List:_____

Childhood diseases:

Chicken Pox Y N , Age:_____ Rubella Y N , Age:_____ Rubeola Y N , Age:_____

Mumps Y N , Age:_____ Whooping Cough Y N , Age:_____ Other Y N , Age:_____

Do Not Write Below This Line

Infant Physical Exam

Supine Leg Length Check

Palpation Exam

| Infant Reflexes – Under 1 | Right | | Left | | OCC | C1 | C2 | C3 | C4 | C5 | C6 | C7 | |
|---------------------------|-------|---|------|---|-----|-----|-----|-----------------|----|----|----|----|----|
| | P | A | P | A | | | | | | | | | |
| Rooting | P | A | P | A | | | | | | | | | |
| Sucking | P | A | P | A | | | | | | | | | |
| Nasopalperbral | P | A | P | A | T1 | T2 | T3 | T4 | T5 | T6 | T7 | T8 | T9 |
| Blink | P | A | P | A | | | | | | | | | |
| Pupillary | P | A | P | A | | | | | | | | | |
| Head control | P | A | P | A | T10 | T11 | T12 | | L1 | L2 | L3 | L4 | L5 |
| Tonic neck | P | A | P | A | | | | | | | | | |
| Neck righting | P | A | P | A | SAC | LI | RI | Doctor's Notes: | | | | | |
| Otolith righting | P | A | P | A | | | | | | | | | |
| Palmar grasp | P | A | P | A | | | | | | | | | |

P – present A – absent