



CORE HEALTH CHIRO
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Pediatric New Practice Member Intake Form

First Name: _____	Mothers Name: _____
Last Name: _____	Fathers Name: _____
Nickname: _____	Pediatrician's Name: _____
Age: _____ Date of Birth: _____	Insurance: () BCBS
Sex: () Male () Female	() Private: _____
Height: _____ Weight: _____	Who can we thank for referring you to our office? _____
Social Security #: _____	How were you referred to:
Home Phone: _____	() Yellow pages () Lecture ()
Work Phone: _____	() External Signage () Coupon
Cell Phone: _____	() Screening () Mailing? _____
Address: _____	() Other: _____
City: _____	
State: _____ Zip Code: _____	
Email address: _____	

Your Childs Health Profile

Please rate the overall health status of your child:

Poor 1 2 3 4 5 6 7 8 9 10 **Excellent**

What are your health objectives for your child? _____

Name/Address/Phone of the last doctor who put your child on a health development program: _____

Were you able to keep your child on that program? **Y N** How long? _____

What were the results? _____

Describe your child's health trend? **Better Worse Same Not Sure**

If better, what did you do to improve your child's health? _____

If worse, why do you think your child's health declined? _____

Will your child be healthier 5 years from now than they are today? **Y N Not Sure**

If so, what are you planning to do to improve your child's health and if not, what could you do to improve their health rather than have it continue to decline? _____

After making these changes in your child's life, how do you expect their health to be 5 years from now? _____

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