PEDIATRIC PATIENT INTRODUCTION

CHILD'S NAME:		Mother's Name:		DOB:	
Case Number:		_ Father's Name:		DOB:	
Address:		City/Town:	State:	_ ZIP:	
Home Phone:	Mother's Work	Mother's Work Phone:		Mother's Cell Phone:	
EMAIL:	FATHER'S WO	rk Phone:	FATHER'S CELL F	HONE:	
Віктн Date:	Age: Sex:	Number of Siblings	s: Referred by:		
BIRTH WEIGHT:	BIRTH LENGTH:	Current Weight:	CURRENT LE	NGTH:	
Third Trimester Presentati	on: VertexBr	eechTrans	sverseFac	e/Brow	
LOCATION: HOME	GINAL FORCEPS FORCEPS CY:	HOSPITAL	_	ACUUM	
Problems During Labor/Di	ELIVERY:				
	WAS THERE PRESENCE AT E			s (BLUE)?	
Infant Feeding: Breast	Воттіе Іғ Вот	tle, Which Formula?		441	
Number of Hours Sleeping	PER NIGHT: C	QUALITY OF SLEEP: GOOD_	FAIR	_ Poor	
Obstetrician/Midwife:					
Pediatrician/Family MD:					
Date of Last Visit:	Purpose:				
Immunization History:				1000 A 10	
Number of doses of antibio	tics your child has taken: Du	RING THE PAST SIX MONTH	HS DURING HIS/	HER LIFETIME	
Previous Chiropractor:					
Date of Last Visit:	Purpose:				
HAS YOUR CHILD EVER BEEN T	REATED ON AN EMERGENCY BAS	IS? IF YES, PLEASE I	EXPLAIN:		
Purpose of this Appointme	NT:				
surance/Billing Information: Policy #:					
•••••	•••••	•••••	•••••		
	AUTHORIZA	TION FOR CARE OF	MINOR		
I HEREBY A	AUTHORIZE THIS OFFICE AND ITS DO SON/DAUGHTER/WARD	OCTOR(S) TO ADMINISTER CAR (UPON APPROVAL OF PARENT		RY TO MY	
SIGNED:	WITNES	SSED:	DATI		
I REALIZE THAT I	AM RESPONSIBLE FOR ALL FEES CH X-RAYS REMA	ARGED BY THIS OFFICE AND I		CES PROVIDED.	
SIGNED:			ATF		

PEDIATRIC CASE HISTORY

Delivery/Birth History:						
:						
AT WHAT AGE DID THE CHILD:						
				EYES HOLD HEAD UP		
SIT ALONE	CrawlStand		Wal	Walk Alone		
AT WHAT AGE, IF EVER, DID THIS CHILD S	SUFFER FROM THE	FOLLOWING CH	LDHOOD DISEASES?			
CHICKENPOXN	MUMPS MEASLES		RUBELLA			
RubeolaWH	OOPING COUGHOTHE		Other			
HAS THIS CHILD EVER SUFFERED FROM:						
☐ Headaches	☐ ORTHOPE	DIC PROBLEMS	☐ DIGESTIVE DISORE	ders 🔲 Behavioral Problems		
Dizziness	☐ NECK Pro	BLEMS	☐ POOR APPETITE	☐ ADD/ADHD		
☐ FAINTING	☐ ARM PROB	LEMS	☐ STOMACH ACHES	☐ RUPTURES/HERNIA		
☐ SEIZURES/CONVULSIONS	☐ LEG PROB	LEMS	☐ Reflux	☐ Muscle Pain		
□ Heart Trouble	☐ JOINT PRO		☐ Constipation	☐ Growing Pains		
☐ CHRONIC EARACHES	Васкасне	:S	☐ Diarrhea	ALLERGIES TO		
☐ SINUS TROUBLE	☐ Poor Pos	TURE	□ DIABETES	ALLERGIES TO		
☐ Asthma	☐ Scoliosis	;	☐ Hypertension	ALLERGIES TO		
☐ Colds/Flu	☐ WALKING	TROUBLE	☐ ANEMIA	OTHER		
☐ Colic	☐ Broken B	ONES	■ BED WETTING	OTHER		
Has this child ever suffered the fo	NIOWING SPINAL	CZAMIJAGT				
FALL IN BABY WALKER		FALL FROM BED	OR COLICH	FALL OFF SKATEBOARD OR SKATES		
☐ FALL IN BABY WALKER	☐ FALL FROM BED		on cool	FALL OFF BICYCLE		
☐ FALL FROM CRIB	= -			☐ FALL DOWN STAIRS		
☐ FALL FROM CHANGING TABLE ☐ FALL OFF MC						
TALL FROM CHANGING TA	BEE	TALL OIT MOIN				
HAS THIS CHILD EVER SUSTAINED AN IN	ILIRY PLAYING OR	GANIZED SPORTS	F YES, PLEASE	EXPLAIN:		
TIAS THIS CHILD EVER 303 AINED AN IN	JORT PERTING OR	CATTLED OF CALL				
		SCIDENT)	LE VEC DI EASE EVELAINI			
HAS THIS CHILD EVER SUSTAINED INJUR	IES IN AN AUTO A	CCIDENT!				
Present History:						
4.1						
Surgery:						
MEDICATIONS:						
Accidents:						
FAMILY HISTORY:						