



Children's Health History

To help us serve you better, please complete the following information.

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Date of Birth: _____ Phone: _____

Mother's / Guardian's Name _____ Phone: _____

Father's / Guardian's Name _____ Phone: _____

Who may we thank for referring you to our office? _____

Reason(s) for contacting our office in order of severity:

☐ This child has no complaints; they are here for a wellness check-up.

1. _____

2. _____

3. _____

Other professionals seen for these concerns: _____

Please list treatments and results: _____

Previous Chiropractor: _____ Date of last visit: _____

Name of Pediatrician: _____

Name of Midwife: _____

Date of last visit: _____ Reason: _____

BIRTH HISTORY

Third trimester presentation? ☐ Vertex (Head Down) ☐ Breech ☐ Transverse ☐ Face/Brow

Location of birth? ☐ Hospital ☐ Home Birth ☐ Birthing Center

Type of Birth: ☐ Normal Vaginal ☐ Forceps ☐ Vacuum Extraction ☐ C-Section ☐ Induced Labour

Other complications during birth? ☐ No ☐ Yes: _____

Weeks gestation: _____

Medications given to mother during labour? ☐ No ☐ Yes: _____

Duration of birth: _____ hours APGAR at birth: _____ APGAR after 5 minutes: _____

Presence at birth of: ☐ Jaundice (Yellow) ☐ Cyanosis (Blue)

Congenital Anomalies? ☐ No ☐ Yes: _____

Evidence of birth trauma? ☐ Bruises ☐ Irregular Shaped Head ☐ Stuck in Birth Canal ☐ Fast Birth ☐ Excessively Long Birth ☐ Respiratory Depression ☐ Cord Around Neck ☐ Other: _____

Birth Weight: _____ Birth Length: _____

Was the infant alert and responsive within 12 hours of delivery? ☐ Yes ☐ No

If no, explain: _____

GROWTH & DEVELOPMENT

Any signs that your child is not developing properly? ☐ No ☐ Yes: _____

Any growing pains? ☐ No ☐ Yes: _____

How many times has your child been sick in the last year? _____

Do sleeping patterns seem normal to you? ☐ Yes ☐ No: _____

CHEMICAL STRESSORS

Please rate on a scale of 1-10 (10 being the best) the mother's diet during pregnancy: _____

Mother smoked during pregnancy? ☐ No ☐ Yes Any smokers at home? ☐ No ☐ Yes

Drugs taken during pregnancy? ☐ No ☐ Yes If yes, which ones: _____

Ultrasounds during pregnancy? ☐ No ☐ Yes If yes, how many? _____

Any invasive procedures (amniocentesis, CVS)? ☐ No ☐ Yes: _____

Was this child breast fed? ☐ No ☐ Yes If Yes, for how long? _____

Was formula introduced? ☐ No ☐ Yes, at what age? _____

Was cow's milk introduced? ☐ No ☐ Yes, at what age? _____

Food intolerances? ☐ No ☐ Yes If yes, which foods? _____

Frequent exposure to chemicals (ie. renovations, cleaning products)? _____

Number of doses of antibiotics your child has taken: _____

Other prescription medication your child has taken: _____

Vaccination history: _____

Vaccine reactions (please circle): high pitched screaming, non-stop crying, fever, rashes hives, convulsions, seizures, other: _____

Any digestive problems? ☐ No ☐ Yes: _____

Food/drink intolerances? ☐ No ☐ Yes: _____

Any skin problems: ☐ No ☐ Yes: _____

EMOTIONAL STRESSORS

Please rate on a scale of 1-10 (10 being the most) the mother's stress during pregnancy: _____

Was this child allowed to bond immediately after delivery? ☐ No ☐ Yes

Any behavioural problems? ☐ No ☐ Yes: _____

Any ☐ night terrors, ☐ sleep walking, or ☐ difficulty sleeping?

Average number of hours of television/computer/ipad/ipod/video games per week? _____

PHYSICAL STRESSORS

Any traumas during pregnancy? ☐ No ☐ Yes: _____

Automobile accident? ☐ No ☐ Yes: _____

Any falls from couches, beds, change tables? ☐ No ☐ Yes: _____

Any traumas with bruising, cuts, stitches, fractures? ☐ No ☐ Yes: _____

Any hospitalizations? ☐ No ☐ Yes: _____

Any surgeries or organs removed? ☐ No ☐ Yes: _____

Sports played and age began? _____

Sports injuries? ☐ No ☐ Yes: _____

Weight of school backpack? _____

Our goal is to provide the safest and most effective care possible. In order to do so, it is important that we perform a series of tests. I consent to a complete examination for my child as the doctor deems necessary. I understand and agree that I am responsible for payment of all associated fees.

Guardian's Name: _____

Guardian's Signature: _____ **Date:** _____