



# 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 SCHWETZER, 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