

PAEDIATRIC HISTORY

CHILDS NAME:

SURNAME	FIRST	MIDDLE
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Address: _____

Postcode: _____ Phone: (Home) _____ (Work) _____

Mother & Fathers Names: _____

Child's Date of Birth: _____ Age: _____

Who referred you to this clinic? _____

Is your family in a Health Fund that covers chiropractic? Yes No Name of fund _____

The vast majority of our patients have experienced traumas that have caused serious health problems later in their lives. This form is designed to help us discover if your child has had any such trauma and therefore help prevent problems later in their life.

What was your child's birth like? _____

How long was the entire labor? _____ How long did you actually push? _____

Were you induced? Yes No Epidural? Yes No Csaerian? Yes No

Was there any pulling on the head? Yes No Forceps or vacuum extraction used? Yes No

47% of all children fall on their head by the age of one and they have at least 200 more major falls by the age of 5 years old.

When was your child's most recent fall? _____

Was any care given? _____ Were they checked by a chiropractor? _____

And the fall before that? _____ Any care given? _____

What sports or recreational activities does your child do? _____

When was their most recent stress, strain, or injury while doing these activities? _____

Care given? _____

Have they ever been involved in a car accident as a passenger? Yes No

Briefly describe: _____

Any treatment received? _____ Chiropractic? _____

This information is very likely to be important. At the very least it will help us get a better understanding of what's going on with your child's health. The following questions are regarding your child's current health concerns.

Do they have any health concerns? _____

If so, for how long has this been occurring? _____

Nervous system irritation can effect the function of any organ or tissue, causing conditions now or in the future.

Are there any other conditions being experienced? _____

How long? _____

Depending on the type and degree of nervous system irritation, the nerve pressure can be constant or occasional.

How often does your child have this condition? _____

Are they on any medication for anything? _____

Once again thank you for being concerned enough to get your child's spinal posture checked and for confidence in choosing our practice to do this.