Below
CHIROPRACTIC & WELLNESS

INFANT CASE HISTORY
BIRTH TO 2 YEARS

NAME____

DATE OF BIRTH____________________ MALE_________ FEMALE________

PLEASE INDICATE IF PATIENT HAS NOW OR HAS EVER EXPERIENCED ANY OF THE FOLLOWING:

- ☐ DIFFICULT DELIVERY
- ☐ DIFFICULTY SLEEPING
- ☐ PREFERRED SLEEPING POSITION
- ☐ FEEDING DIFFICULTIES
- ☐ BREAST FED FOR HOW LONG?___________________________________
- ☐ ONE-SIDED BREAST FEEDING PREFERENCE LEFT RIGHT
- ☐ FORMULA FED
- ☐ OTHER FOODS____
- ☐ DIGESTIVE DISTURBANCES____
- ☐ FOOD ALLERGIES____
- ☐ FREQUENT SPIT UP AFTER FEEDING
- ☐ SKIN RASHES
- ☐ VITAMIN SUPPLEMENTS____
- ☐ FREQUENT CRYING HOW LONG?_____________________
- ☐ INTESTINAL GAS
- ☐ PREFERRED HEAD POSITION
- ☐ ARCHING BACK OF HEAD AND NECK
- ☐ IRRITABLE DURING DIAPER CHANGE
- ☐ FEVER
- ☐ FALLS (DOWN STAIRS, ETC.)
- ☐ CAR ACCIDENT
- ☐ BONE FRACTURES OR JOINT DISLOCATION☐
- ☐ OTHER
- ☐ TRAUMA____
- ☐ VACCINATION____

GROWTH AND DEVELOPMENT

Y N CAN YOUR CHILD SIT UNSUPPORTED? STARTED AT WHAT AGE?______

Y N IS YOUR CHILD CRAWLING? STARTED AT WHAT AGE? _______________

Y N IS YOUR CHILD WALKING? STARTED AT WHAT AGE?________________

Y N DO YOU HAVE ANY OTHER CONCERNS ABOUT YOUR CHILD'S GROWTH AND DEVELOPMENT?____

HEALTH HISTORY

Y N HAS YOUR CHILD HAD COLIC?

Y N HAS YOUR CHILD HAD ANY UPPER RESPIRATORY INFECTIONS?

Y N HAS YOUR CHILD HAD ASTHMA?

Y N DOES YOUR CHILD EVER COMPLAIN OF NECK OR BACK PAIN?

Y N DOES YOUR CHILD EVER COMPLAIN OF PAIN IN THE ARM OR LEGS?

Y N DOES YOUR CHILD EVER COMPLAIN OF HEADACHES?

Y N HAS YOUR CHILD HAD EARACHES? AT WHAT AGE DID THE FIRST EARACHE OCCUR?______________________

Y N HOW FREQUENTLY DO THE EARACHES OCCUR? ______________________

Y N DO THE EARACHES OCCUR IN THE SAME EAR? RIGHT LEFT BOTH

Y N HAS YOUR CHILD EXPERIENCED ANY OTHER ILLNESSES?

Y N IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION?

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Y N HAS YOUR CHILD BEEN VACCINATED?_______________________________

Y N DO YOU HAVE ANY OTHER CONCERNS ABOUT YOUR CHILD'S HEALTH?

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Signature of Parent or Guardian ____________________________________Date ________