



KR CHIROPRACTIC

Name: _____ D.O.B: _____ M/F

Address: _____ Postcode: _____

Contact Phone Number: _____ SMS Reminders: Y/N

Email: _____

How did you hear about KR Chiropractic? _____

Health Cover Fund Name: _____ Extras Cover: Y/N

Next of Kin Contact Person: _____ Phone Number: _____

GP Name: _____ Last GP Visit: _____

Reason for today's consultation:

Has your child received any other treatment? If so, please explain:

Has your child had any hospitalisations since birth? (please state age and reason)

Does your child have any siblings?

Does your child have any medical conditions?

Do any of your other children have any medical conditions?

PREGNANCY AND BIRTH

Where was your child born? _____

How many pregnancies have you had? _____

Was any medication prescribed during pregnancy? _____

Were there any complications during pregnancy? (please circle)

Diabetes Operations Morning Sickness Emotional Upsets
Bleeding Anaemia Swelling High blood pressure

How much weight was gained during pregnancy? _____

How long was the period of labour? _____

How long was the period of hard labour (pushing)? _____

What was the length of time between water breaking and the baby's delivery?

Was your baby considered premature? _____

Were you overdue? _____

Were you induced? _____

Was the baby born head or feet first? _____

Any instrumentation used? _____

Where there any concerns for your baby during birth?

Baby's APGAR score? 1 minute _____ 5 minutes _____

How long after birth did you take your baby home? _____

POST BIRTH

How are you feeding your baby? _____

Any feeding issues? _____

Does your baby have an issues sleeping? _____

Operations: _____

Vaccinations: _____

Family history: ___ Stroke – Self / Sibling / Parent / Grandparent
___ Cancer – Self / Sibling / Parent / Grandparent
___ Osteoporosis – Self / Sibling / Parent / Grandparent
___ Diabetes – Self / Sibling / Parent / Grandparent
___ Heart Condition – Self / Sibling / Parent / Grandparent