Pediatric Questionnaire

CONFIDENTIAL PATIENT INFORMATION

Child's Name:	**Parent/Guardian Name(s):**	
Email:	**Mobile Number:**	**Birthday:**
How did you hear about us?		**Age:**
Stree Address:		**Height:**
City, State, Zip		**Weight:**
Emergency Contact:	**Emergency Relation:**	**Emergency Phone:**

Who is your primary care physician?

Is your child receiving care from any other health professionals? ○ Yes ○ No

-If yes, please explain:

Please list any drugs/medications/vitamins/herbs/other that your child is taking:

CURRENT HEALTH CONDITIONS

What health condition(s) bring your child to be evaluated by a chiropractor?

When did the condition first begin? **How did the problem start?** ○ **Suddenly** ○ **Gradually** ○ **Post-Injury**

Has your child ever received care for this condition before? ○ Yes ○ No

- if yes, please explain

Is this condition: __Getting Worse __Improving __Intermittent __ Constant __Unsure

What makes the problem better?

What makes the problem worse?

HEALTH GOALS FOR YOUR CHILD

Your top three Health Goals:	**What would you like to gain from care?**
1	○ Resolve existing condition
2	○ Overall Wellness
3	○ Both

Have you ever visited a chiropractor? ○ Yes ○ No If yes, what is their name?

What is their speciality? ○ Pain Relief ○ Physical Therapy & Rehab ○ Nutritional ○ Subluxation-based ○ Other _____

PREGNANCY & FERTILITY HISTORY

Please tell us about your pregnancy

Any fertility issues?	○ Yes ○ No If yes, please explain:
Did mother smoke?	○ Yes ○ No If yes, how many per week?
Did mother drink?	○ Yes ○ No If yes, how many per week?
Did mother exercise?	○ Yes ○ No If yes, please explain:
Was mother ill?	○ Yes ○ No If yes, please explain:
Any ultrasounds?	○ Yes ○ No If yes, please explain:

Please explain any notable episodes of mental or physical stress during your pregnancy:

Please explain any other concerns or notable remarks about your child's conception or pregnancy:

"While other professions are concerned with changing the environment to suit the weakened body, chiropractic is concerned with strengthening the body to suit the environment." - B.J. Palmer -

LABOR & DELIVERY HISTORY

Child's birth was: ○ Natural vaginal birth ○ Scheduled C-Section ○ Emergency C-Section At how many weeks was your child born?

Child's birth was: ○ At home ○ At a birthing center ○ At a hospital ○ Other: Doctor/OBGYN's Name:

Please check any applicable interventions or complications:

○ Breech ○ Induction ○ Pain meds ○ Epidural ○ Vacuum extraction ○ Forceps ○ Other_____

Please describe any other concerns or notable remarks about your child's labor and/or delivery:

Child's birth weight: Child's birth height: APGAR score at birth: APGAR score after 5 minutes:

GROWTH & DEVELOPMENT HISTORY

Is/was your child breastfed? ○ Yes ○ No If yes, how long? Difficulty with breastfeeding? ○ Yes ○ No

Did they use formula? ○ Yes ○ No If yes, at what age? If yes, what type?

Did/does your child ever suffer from colic, reflux, or constipation as an infant? ○ Yes ○ No

- if yes, please explain

At what age did the child: Respond to sound: _____ Follow an object: _____ Hold their head up: _____ Vocalize: _____ Teethe: _____

Sit alone: _____ Crawl: _____ Walk: _____ Begin cow's milk: ___

Please list any food intolerance or allergies, and when they began:

Please list your child's hospitalization and surgical history, including the year:

Please list any major injuries, accidents, falls and/or fractures your child has sustained in his/her lifetime, including the year:

Have you chosen to vaccinate your child? ○ No ○ Yes, on a delayed or selective schedule ○ Yes, on schedule

- if yes, please list any vaccination reactions (if any):

Has your child received any antibiotics? ○ Yes ○ No

- if yes, how many times and list reason(s):

Night terrors or difficulty sleeping? ○Yes ○ No If yes, please explain

Behavioral, social, or emotional issues? ○ Yes ○ No If yes, please explain

How many hours per day does your child typically spend watching a TV, computer, tablet, or phone?

How would you describe your child's diet? ○ Mostly whole, organic foods ○ Pretty average ○ High amounts of processed foods

ACKNOWLEDGEMENT & CONSENT

Child's Name: _____ Parent/Guardian Signature _____ Date: _____