



Age 6 and younger

Name:	Date of Birth: Sex: Male Female
Mailing Address:	Parent/Guardian Names & Phone Numbers:
E-Mail:	Family Medical Doctor:
Name and ages of other children:	Referred by: please list person's name <input type="radio"/> Friend/Family <input type="radio"/> M.D. / D.C. <input type="radio"/> Internet/Add
Chiropractic care before? If so, when and by whom?	

Healing Source Chiropractic focuses on your child's ability to be healthy. Our goals are to first address the issues that brought you and your child to our office and second, offer the opportunity to improve your child's health potential in the future. Life activities include events that cause damage and this damage builds layer upon layer even to levels at which you may not yet be aware.

Research is showing that many of the health challenges that occur later in life have their origins during the developing years, some starting at or before birth. We need to know what your child's layers of damage contain, so we ask you to carefully and completely fill out this important form.

Labor and Delivery

- Hospital with doctor Hospital with midwife Home with midwife
- Breach Caesarian Fetal monitor used
- Medications Forceps Length of delivery: _____
- Describe any complications: _____

Name of midwife : _____

Prenatal & Infant History

Number of ultrasounds during pregnancy: _____ Duration of pregnancy in weeks: _____

APGAR score at birth: _____ Birth length: _____ Birth Weight: _____

Please check any problems your child had at birth

- Jaundice Cyanosis Choking Other: _____

Please check if any of the following applied to your child after birth up to today

- Medication Artificial feeding Vitamin K Surgery Erythromycin Circumcision
- Other _____

Nutrition

- Solid food Breast milk Cow's milk Goat's milk Soy milk Rice milk
- Fruit juice Sweets Vitamins Medication Commercial formula
- Other: _____

Please list any medication taken – prescription and over the counter: _____

Developmental History

If younger than two, please indicate which of the following milestones your child has reached:

- Hold head up Sits up Crawls Stands unaided Walks unaided

According to the National Safety Council, approximately 50% of children fall head first from a high place during the first year of life (ie, bed, changing table, down the stairs) was this case with your child? Yes No

If yes, please describe the circumstances: _____

Has your child ever been involved in a high impact/contact type of sport? Yes No Please list: _____

Has your child ever been treated on an emergency basis? Yes No Please describe: _____

Describe other injuries or falls not listed above: _____

List any prior surgeries: _____

Is your child vaccinated? Yes No Describe any reactions: _____

Has your child had any of the following illnesses? Indicate age

- Measles (Rubeola) _____ Mumps _____ Rubella (German measles) _____ Chicken pox _____
- Pertussis (Whooping cough) _____ Other _____

Chiropractic has helped children with many health problems like asthma, allergies, bed-wetting, colic, ear infections (acute and chronic), headaches, scoliosis, etc. Chiropractic care has also been shown to help prevent these and other illnesses from occurring and ensure children have a healthier life. To optimally prevent these, a child should have a chiropractic spinal exam as soon as they are born.

What is your goal or expectation with chiropractic care? _____

I hereby authorize the doctor to examine and treat my child as deemed appropriate through the use of chiropractic care and I give authority for these procedures to be performed. I have been informed of the financial policy and agree that I am responsible for all expenses incurred at Healing Source Chiropractic. I have had an opportunity to review the privacy policy and agree to its terms.

Your child's name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____