

The power that made the body heals the body

NUTRITION

Is your child still being breast fed? Yes No If no, how long were they breast-fed? _____

Is your child formula fed? Yes No If yes, which formula or milk source? _____

Is your child eating solid food? Yes No If yes, what foods? _____

Does your child have any feeding difficulties? Yes No _____

Does your child have any digestive disturbances? Yes No _____

Does your child have any food allergies? Yes No _____

Does your child have any skin rashes? Yes No _____

Is your child receiving any vitamin supplements? Yes No _____

TRAUMA

Place of birth: ___ Home ___ Birthing Center ___ Hospital

Provider: ___ Midwife ___ OB-Gyn. Other _____

Type of Birth: ___ Vaginal ___ C-section ___ emergency ___ scheduled

Was the birth: ___ Doctor assisted ___ Forceps Other _____
 ___ Vacuum Extraction ___ Twisting/Pulling

Was your child breech? Yes No _____

Was there any trauma to your newborn? Yes No _____

If yes, please describe medical procedures and tests: _____

Has your child had any recent falls or trauma? Yes No If yes, please describe: _____

Has your child ever fallen down stairs or
fallen from any height? Yes No _____

Has your child ever been in a motor vehicle collision
or near miss? Yes No _____

Has your child had any other trauma or injuries? Yes No _____

Does your child ever bang his/her head
repeatedly against a wall, bed or other object? Yes No _____

GROWTH AND DEVELOPMENT

Can your child sit unsupported? Yes No If yes, at what age did they start? _____

Is your child crawling yet? Yes No If yes, at what age did they start? _____

Is your child walking yet? Yes No If yes, at what age did they start? _____

Does your child often trip and fall? Yes No _____

Do you have any other concerns
about your child's growth and development? Yes No _____

HEALTH HISTORY

Has your child had colic? Yes No _____

Has your child had any upper respiratory infections?
How often? Yes No _____

Has your child had asthma? Yes No _____

Does your child ever complain of arm/leg pain? Yes No _____

Does your child ever complain of headaches? Yes No _____

Has your child had any earaches? Yes No If yes, at what age did they begin? _____

How frequently does your child have earaches? _____ How many courses of antibiotics? _____

Has your child had any other illnesses? Yes No If yes, please describe: _____

Is your child presently receiving any medications? Yes No _____

Has your child ever been to a hospital or emergency room for evaluation or treatment? Yes No _____

Has your child recently been vaccinated? Yes No _____

Do you have any other concerns about your child's health? Yes No _____

QUALITY OF LIFE AND CURRENT HEALTH STATUS

How do you grade your child's physical health?	Excellent	Good	Fair	Poor
How do you grade your child's emotional/mental health?	Excellent	Good	Fair	Poor
How do you grade your child's overall "quality of life"?	Excellent	Good	Fair	Poor

Do you believe your child is expressing their full health potential? Yes No If no, why? _____

How can we/chiropractic help your child achieve their optimum health? _____

CORRECTION

Today, we are becoming more aware how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and the immune system. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

