

Child's Health History Form

Mother: _____ Father: _____

What is the child's main problem? _____

When and how did it begin?

If s/he is experiencing pain, describe the nature of the pain:
Sharp, Dull, Comes and Goes, Travels Constant

Since the problem started, is it:

About the same, Getting better, Getting worse

What makes it worse? _____

What makes it better? _____

It interferes with: School, Sleep Walking, Sitting, Hobbies, Other:

Other physicians seen for this problem
(and interventions/procedures performed):

Chiropractor: _____

Medical Doctor: _____

Other/Specialist: _____

General Health Related Information:

How is your child's general health? _____

Comment on the child's developmental abilities or difficulties:

Head Control _____	Normal for age
Use of Hands _____	Normal for age
Creeping or crawling _____	Normal for age
Standing / Walking _____	Normal for age
Playing _____	Normal for age
Feeding or Drinking _____	Normal for age
Toileting _____	Normal for age
Personal Hygiene _____	Normal for age

Dressing _____ **Normal for age**

Speaking _____ How much or well? _____

What new skills or abilities would you like to see your child gain?

Behavioral or emotional problems? _____ Explain:

Important details of the family situation:

Suffer any traumas such as serious falls (over 3 ft) or car accidents?
Yes No

Has the child been under regular chiropractic care? Yes No

Please give us any other health information that would be helpful:

Was the child / infant vaccinated? Yes No; If so, elaborate below:

Immunization	Date / Dates	Reactions / Symptoms Post Vaccine
Hepatitis B		
Rotovirus		
DPT		
HIB		
Polio		
Influenza		
Pneumonia		
MMR		
Chicken Pox		
Meningitis		
HPV		
Other		
Other		

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Pregnancy:

Were there any complications to the pregnancy?

Was Mom on any medications (prescriptions or over the counter)?

Yes No

If yes, explain: _____

Did someone in the house smoke during pregnancy?

Yes (who) _____ No

Was the baby ever in Breech Position? Yes No

How many ultrasounds were performed and for what?

Birth and Delivery:

Where was the baby born? Home Hospital Birthing Center

Was the delivery: Vaginal C-section; Any devices used Forceps Vacuum

How long was the labor and delivery? _____

Was oxytocin/pitocin used: Yes No _____

Was an epidural administered: Yes No;

Episotomy needed Yes No

Other information:
