Adjust Do It!

LIFE SOURCE CHIROPRACTIC

*Discover the World of Wellness*

**PEDIATRIC CASE HISTORY**

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_SEX\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAMES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIBLINGS AND AGES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO REFERRED YOU TO OUR OFFICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Purpose for this visit** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other Doctors seen for this condition? \_\_\_\_\_Y\_\_\_\_\_N Name of Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Health Problems?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous Chiropractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Visit Seen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Pediatrician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Visit Seen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Are you satisfied with the care your child has received there? \_\_\_\_\_\_Y \_\_\_\_\_\_N

Number of doses of antibiotics your child has taken: Last 6 mos\_\_\_\_\_\_\_\_\_\_ During lifetime\_\_\_\_\_\_\_\_

**Vaccination History**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Has you child had any adverse reactions to vaccinations received? \_\_\_\_\_\_Y \_\_\_\_\_\_N

Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Prenatal History:**

Name of Obstetrician/Midwife:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complications during pregnancy? \_\_\_\_\_\_Y \_\_\_\_\_\_N, List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complications during delivery? \_\_\_\_\_\_Y \_\_\_\_\_\_N, List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive Ultrasounds during pregnancy? \_\_\_\_\_\_Y \_\_\_\_\_\_N, How Frequent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications during pregnancy/delivery? \_\_\_\_\_\_Y \_\_\_\_\_\_N, List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthing Location: \_\_\_\_\_\_\_\_Home \_\_\_\_\_\_Birthing Center \_\_\_\_\_\_Hospital

Birth Intervention: \_\_\_\_\_\_Forcepts \_\_\_\_\_\_Vacuum Extraction \_\_\_\_\_\_Cesarean Section, if yes, was it an emergency c-section or a planned one? \_\_\_\_\_\_\_\_\_ Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Baby’s Apgar Scores \_\_\_\_\_/\_\_\_\_\_ Was there cigarette/alcohol use during pregnancy? \_\_\_\_Y\_\_\_\_N

(complete other side)

Genetic disorders/disabilities: \_\_\_\_\_\_Y \_\_\_\_\_\_N List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Length \_\_\_\_\_\_\_\_\_\_\_\_\_

**Feeding History:**

Breastfed \_\_\_\_\_\_Y \_\_\_\_\_\_N How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Formula Fed \_\_\_\_\_\_Y \_\_\_\_\_\_N How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Introduced: Solids at \_\_\_\_\_\_months, Cow’s milk at \_\_\_\_\_\_\_months

Food/Juice allergies or intolerances? \_\_\_\_\_\_Y \_\_\_\_\_\_N List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Developmental History:**

During the developmental stages, your child’s spine is most vulnerable to stress and should be routinely checked by a Doctor of Chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). Please indicate on the following if child was Early (E), Normal (N), or Late (L):

\_\_\_\_\_\_Respond to Sound \_\_\_\_\_\_Cross-Crawl

\_\_\_\_\_\_Respond to Visual Stimuli \_\_\_\_\_\_Stand Alone

\_\_\_\_\_\_Hold Head Up \_\_\_\_\_\_Walk Alone

\_\_\_\_\_\_Sit Up on Own \_\_\_\_\_\_Begin Talking

According to the National Safety Council, approximately 50% of children have fallen on their heads during the first years of life. Another study reveals that ¼ million children are injured on playgrounds annually. Can you recall any such jolts, falls, or traumas to your child?\_\_\_\_\_\_Please describe:\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has you child ever been involved in a car accident?\_\_\_\_\_\_Y\_\_\_\_\_\_N, List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been seen on an emergency basis? \_\_\_\_\_\_Y\_\_\_\_\_\_N, List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other traumas not described above?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior surgeries? \_\_\_\_\_\_Y\_\_\_\_\_\_N, List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Childhood Illnesses:**

Chicken Pox\_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_\_ Ear Infections\_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_\_\_\_

Measles \_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_\_ Mumps \_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_\_\_\_

Asthma \_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_\_ Failure to Thrive \_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_

Tonsillitis \_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_ Tonsils Removed \_\_\_\_\_Y\_\_\_\_\_N, Age:\_\_\_\_\_\_

**We are here to serve you, and encourage you to ask questions.**

**Your participation is vital and will help determine your results!**

**AUTHORIZATION FOR CARE OF A MINOR**

I hereby authorize this office and it’s Doctors to administer care to my son/daughter as they deem necessary. I clearly understand and agree that I am personally responsible for payment of all fees incurred as a result of said care. I also authorize this office to take and publish photographs of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for clinical records/and or testimonial purposes.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_