



## Child Health History (Ages 2-12)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_ Enrolled in Medicare/Medicare Advantage? Yes No

**Chief Complaint:** \_\_\_\_\_

How and when did it start? \_\_\_\_\_

What makes it better? \_\_\_\_\_ What makes it worse? \_\_\_\_\_

Has your child been treated for this condition before? Yes No If yes, by whom? \_\_\_\_\_

Is your child currently under a healthcare provider's care for any other problems? Yes No

**Previous Chiropractic Care:** Last visit? Reason? Duration of care? \_\_\_\_\_

**Current Medications/Antibiotics/Supplements:** \_\_\_\_\_

**Past Medications/Antibiotics:** \_\_\_\_\_

**Hospital/ER Visits/Surgeries?** \_\_\_\_\_

**Other Injuries/Accidents:** \_\_\_\_\_

### Prenatal History

Complications During Pregnancy: (circle, if any)

Toxemia Diabetes Morning Sickness Heartburn Back Pain Headaches Other

Mother's Health/Nutrition: (circle one) Poor Good Excellent

Stress During Pregnancy: (rate 1-10) \_\_\_\_\_ Falls/Injuries/Accidents During Pregnancy: \_\_\_\_\_

Family History of: (circle, if any) Diabetes Heart/Cardio Problems Other \_\_\_\_\_

Complications During Delivery: (circle)

None C-Section Vacuum/Forceps Induced Epidural Fetal Distress Meconium Oxygen ICU

Birth Injuries: (list) \_\_\_\_\_

