

# Child Health Form

*To be filled out by parent or guardian*

**Please Print Clearly and fill In completely.**

Print Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Please Check** ✓ Sex: Male  Female  Right handed  Left handed

## **Health History:**

Give reason for seeking chiropractic care: \_\_\_\_\_

Describe any health problems, including how long child has had them: \_\_\_\_\_

Is child under the care of any other doctor? Yes  No

If Yes, please list the doctors your child is seeing, the conditions being treated for, and any progress.

List any current Medications: \_\_\_\_\_

List any past surgeries & dates: \_\_\_\_\_

List any past accidents & dates: \_\_\_\_\_

List any x-rays child has had in the past 2 years: \_\_\_\_\_

## **Chiropractic History:**

Has child been to a Chiropractor before? Yes  No  If yes Doctor's Name \_\_\_\_\_

Date of last chiropractic visit \_\_\_\_\_ Reason for care \_\_\_\_\_

Date of any chiropractic x-rays \_\_\_\_\_ How long was child under care? \_\_\_\_\_

Are other family members under chiropractic care? - Yes  No  Who? \_\_\_\_\_

Please describe any other information you feel would assist us in the care of your child?

**Print Parent's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent's Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_