

CHILD HISTORY AND RELEASE

NAME: _____ DATE OF BIRTH _____ DATE _____

Please check health complaints your child is currently experiencing or has experienced on a recurring basis.

Asthma Headache Ear infection Colic Allergies Bed wetting

Please check any childhood disease your child has had:

Chicken Pox Measles Mumps Rubella Whooping cough Ear infection

Please comment on how often any of the above diseases have occurred and when they occurred:

Pregnancy normal? YES / NO Explain: _____

Complications: _____

Delivery: Home Hospital Complications: _____

Medications during delivery: _____

Vaccinations: (List those received and age): _____

List any surgeries or congenital conditions: _____

INSURANCE and FEE AGREEMENT

I understand that XXXXXXXX will prepare any necessary forms to assist me in submitting claims to my insurance provider and credit my account when payment is received. However, I clearly understand that all services rendered to my child are charged to me and I am responsible for payment unless other arrangements are made.

Parent signature

Date

OVER

NEW CHILD HISTORY

OUR PATIENTS HAVE HAD LITERALLY DOZENS OF IMPACTS THAT COULD CAUSE SUBLUXATIONS. WE WANT TO DISCOVER SEVERAL OF YOURS. PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR RECOLLECTION.

1. When was the most recent auto accident? _____

Speed: _____ Front or Side collision / or Rear-end? _____

Was treatment received? YES / NO If yes, where? _____

Was child in a Carseat / Seat belt / neither? _____

2. When was the most recent fall or strain at school, home, or daycare? _____

Was any treatment needed? YES / NO

When was the one before that? _____

3. What sports or recreational activities do you do? _____

When was the most recent stress or strain during this activity? _____

Was any treatment received? YES / NO

When was the one before that? _____

4. List any head traumas and when. _____

5. List any broken bones and when. _____

6. Is there any other injury to the spine, minor or major, that the doctor should know about? Explain.

Parent signature

Date