

# FIVE POINTS CHIROPRACTIC WELLNESS CENTER

## Pediatric History: 2 Months to 12 Years

Today's Date: \_\_\_\_\_

Patient's Name  Sex:  F  M Date of Birth

Reason for Today's Visit  When did this problem first occur?

YES NO

Does your child complain of pain or discomfort? If yes, when did this occur?

Was onset : Sudden  or Gradual  Is problem: Constant  or Intermittent

Has your child ever had this problem before? If yes, when?

Has your child previously been treated for this problem? Doctor's name:

Has your child previously had chiropractic care? Previous chiropractor:

### HEALTH HISTORY

YES NO

Has your child had colic?

Has your child had any upper respiratory infections? How often?

Has your child had asthma?

Does your child ever complain of back or neck pain?

Does your child ever complain of pains in the arms or legs?

Does your child ever complain of headaches?

Has your child had any earaches? At what age did the child's first earache occur

How frequently does your child have earaches?

In which ear do your child's earaches usually occur? Right  Left  Both

Has your child ever had a problem with bed-wetting?

Any falls from a bicycle, skateboard, scooter, roller blades, etc.?

Has your child ever been in a motor vehicle accident?

YES NO

Has your child ever had any broken, fractured, or dislocated bones?

If yes, which ones?

Has your child had any other illness? Please list each illness and its approximate date:

Has your child ever been to a hospital or emergency room for evaluation or treatment?

If yes, explain

Has your child ever had any surgeries? Please list

Is your child presently receiving any prescribed medications? Please list

Has your child recently been vaccinated? Please list

On average, how many hours of sleep do you get each night?

Are there any smokers in your family?

Do you have any other concerns about your child's health?

**GROWTH AND DEVELOPMENT (ONLY for 2 month to 2 years)**

YES NO

Can your child sit unsupported? At what age did your child start to sit-up?  mths

Is your child crawling yet? At what age did your child start crawling?  mths

Is your child walking yet? At what age did your child start walking?  mths

Does your child often trip and fall?

**NUTRITION (please answer the questions that apply to your child's age)**

YES NO

Is your child still being breast fed?

For how many months was your child breast fed?

Is your child formula fed? Which formula or other milk source?

Is your child eating solid food?

Does your child have any feeding difficulties?

YES NO

- Does your child have any digestive disturbances?
- Does your child have any food allergies?
- Does your child have any persistent or intermittent skin rashes?
- Is your child receiving any vitamin supplements?

Please list

- Does your child eliminate stools each day?

Do you have any concerns about your child's diet?

What does your child usually eat for Breakfast?

What does your child usually eat for Lunch?

What does your child usually eat for Dinner?

What does your child usually eat for Snack?

What is your child's favorite food?

How often do you eat fast food items?  What type do they like to eat?

How much of each of the following does your child drink a day?

Cow's milk  Soda  Water

**TRAUMA**

YES NO

- Has your child had any recent falls or trauma?

Describe the trauma and the date it occurred?

- Has your child ever fallen down stairs or fallen from any significant height?
- Does your child ever band his/her head repeatedly against a wall, bed or other objects?
- Has your child had any other trauma or injuries?

Please explain

**ABOUT YOUR LIFESTYLE (ONLY 6 years and older)**

What grade are you in at school?

How do you carry your school books?

How heavy is your school book bag?

What sports do you play?

What hobbies do you have?

How many hours each day do you watch TV?

How many hours each day do you spend using a computer?

How often do you play video games?  For how long?

Do you feel stressed out?

Do you have trouble reading the board in class?

Do you ever have blurred vision?

Do you wear glasses or contact lenses?

Do you sometimes get headaches when you read?