CONFIDENTIAL PATIENT CASE HISTORY
PEDIATRIC CASE (NEWBORN - 5 YEARS OF AGE)
absolute health chiropractic

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Dear Parent:
Please complete this questionnaire. Your answers will help us determine if chiropractic care can help your child. If we do not sincerely believe the condition will respond to care, we will not accept the case. Thank You.

Personal Information

Child's Name _____ **Age** _____ **Birthdate** _____

Address _____ **City** _____ **State/Zip** _____

Pediatrician _____ **May we contact him/her for this case? □ yes □ no**

Parent/Guardian Name _____ **Home Telephone** _____

Cell/Work Telephone _____ **E-mail** _____

Referred by _____

Birth History

Delivery: □ Vaginal □ Forceps □ Vacuum Extraction □ C-Section
Infant Feeding: □ Breast □ Bottle □ Formula
APGAR Score _____ **Congenital Anomalies** _____

Health Information

Is your child here for: □ Wellness Check-up □ Specific Complaint
Please Explain _____

_____

How long has your child had this condition?
□ 1 week □ 2-6 weeks □ 2-4 months □ greater than 4 months
Has your child had similar conditions in the past? □ yes □ no
Is the condition getting progressively worse? □ yes □ no
What activities aggravate the condition? _____
Is the condition interfering with: □ School □ Sleep □ Daily Routine
Other Doctors/Specialists seen for this condition _____
Drugs your child now takes: □ Over the Counter Pain Meds □ Allergy Meds □ Other _____

_____

Vitamins/Supplements your child now takes _____

Has your child been in an auto accident? □ yes □ no If so, describe _____

_____

Has your child had any other personal injury or accident? □ yes □ no If so, describe _____

_____

List any surgical operations and years _____

Parent/Guardian Signature _____ **Date** _____