



CHIROPRACTIC CENTER, S.C.

Pediatric Intake Form
Ages 0-5

Patient (Child) Information:

Name: _____ Called Name: _____ Date: _____
Address: _____
Sex: Male Female Other Date of Birth: _____ Height: _____ Weight: _____
Name of Parents/Guardians: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____
Whom may we thank for referring you? _____
Authorized Representative/Parent/Guardian: _____ Phone: _____

Present Complaint:

When did this begin? _____ Was there an accident or injury involved? Y N
Has your child had any past treatment for this complaint? Y N Describe: _____
Current medications: _____

General Questions/Prenatal History:

Any complications during pregnancy? Y N Explain:
Medications taken during pregnancy:
Cigarettes or alcohol during pregnancy: Y N
Birth Intervention: Forceps Vacuum C-Section
Complications during delivery? Y N Explain:
Genetic disorders or disabilities:
How many times has your child been prescribed antibiotics in the past 6 months? _____ Total during lifetime: _____
Has your child received vaccinations? Y N

Food Allergies or Intolerances: Y N List: _____

Developmental History:

During the following times your child's spine is the most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). At what age was your child able to:
Respond to Sound _____ Crawl _____ Respond to Visual Stimuli _____
Stand Alone _____ Hold Head Up Alone _____ Walk Alone _____
Sit Up Alone _____

Is/has your child been involved in any high impact or contact type of sports (ie: soccer, football, gymnastics, baseball, cheerleading, martial arts, etc)? Y N
Has your child ever been involved in a car accident? Y N Explain: _____
Other traumas not described above? Y N Explain: _____ Prior surgeries? Y N Explain: _____

Review of Systems

Please check if your child has had any of the following:

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Postural Imbalances | <input type="checkbox"/> Growing Pains | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Torticollis | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Seizures | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> PDD/Autism | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent Fever |
| <input type="checkbox"/> Colic | <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Hip Dysplasia | <input type="checkbox"/> Allergies |

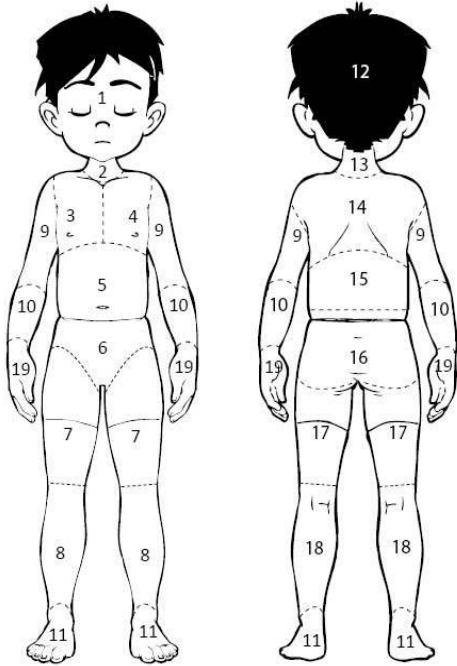
How would you rate your child's diet? Well Balanced Average High sugar/processed foods

Does your child consume artificial sweeteners? Y N

Number of hours your child sleeps: _____ hours per night _____ hours per day/naps

Sleep Quality: Good Fair Poor

Imagine this picture is your body. Can you color the area that is hurting you right now?



- | | | | |
|-----------------|-----------------|-------------------|------------------|
| 1 - FACE | 7 - THIGHS | 12 - BACK OF HEAD | 17 - BACK THIGHS |
| 2 - NECK | 8 - LEGS | 13 - BACK OF NECK | 18 - BACK LEGS |
| 3 - LEFT CHEST | 9 - UPPER ARMS | 14 - UPPER BACK | 19 - HANDS |
| 4 - RIGHT CHEST | 10 - LOWER ARMS | 15 - MIDDLE BACK | |
| 5 - STOMACH | 11 - FEET | 16 - LOWER BACK | |
| 6 - ABDOMEN | | | |

Authorization to Treat a Minor

I, _____ the undersigning parent/guardian having legal custody/guardianship of _____, a minor, do hereby authorize, request and direct Dr. DeCamp and whomever she might designate as assistant to perform in judgment any examination and chiropractic diagnosis or treatment which is deemed necessary.

Any specific written authorization you provide may be revoked at any time by writing to us at the address provided on the front of this form.

Patient: _____

Print Name

Signature: _____

Parent/Legal Guardian