

Child Chiropractic Health Questionnaire

"A Healthy Spine Means a Healthier You!"

Welcome to Our Office!

Name _____ DOB: _____ Age: _____ ☐ Male ☐ Female
Address _____ City _____ State _____ Zip _____
Height _____ Weight _____ Grade _____ # of siblings _____ Ages _____
Mother _____ Cell # _____ Father _____ Cell # _____
Home Phone _____ Mothers / Fathers Email _____
Who is responsible for this account? ☐ Mother Social Security # _____ - _____ - _____ ☐ Fathers Social Security # _____ - _____ - _____

Please answer the following questions:

1. Spinal problems can cause a variety of health problems. Please check the health complaint(s) your child is currently experiencing or experiences on a periodic basis:

- | | | | | |
|-----------------------------------|--|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> Neck pain | <input type="radio"/> Asthma | <input type="radio"/> Frequent Colds | <input type="radio"/> Skin Problems | <input type="radio"/> Back Pain |
| <input type="radio"/> Allergies | <input type="radio"/> Spinal Curvature | <input type="radio"/> Chronic Fatigue | <input type="radio"/> Headaches | <input type="radio"/> Sinus Problems |
| <input type="radio"/> Indigestion | <input type="radio"/> ADD/ADHD | <input type="radio"/> Bedwetting | <input type="radio"/> Ear Infections | <input type="radio"/> Arthritis |

2. What is your child's primary health complaint? _____

3. Research shows that spinal problems often begin at birth. How old was your child when they received their first chiropractic checkup?

- ☐ Never ☐ 0-2 year ☐ 2-5 years ☐ 5-12 years

4. Difficult, long and/or doctor-assisted births can cause spinal misalignments. Was your child born vaginally, C-section, forceps, suction cup or other device? (Please circle one)

5. How long was the actual labor and delivery time? ☐ 0-3 hours ☐ 3-12 hours ☐ 12-24 hours ☐ >24 hours

6. Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problem? ☐ Yes ☐ No

7. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your child's posture?

Poor - 1 2 3 4 5 6 7 8 9 10 - Very Good

8. Did your child have early health challenges such as colic, irritability or frequent ear infections? ☐ Yes ☐ No

9. Does your child have other health problems that concern you? _____

10. Do you miss work or sleep often due to your child's illness(s)? ☐ Yes ☐ No

11. Do you worry often about your child's health? ☐ Yes ☐ No

12. Do you have any health problems that affect your family? Please list _____

13. Is your child currently taking prescription medication? ☐ Yes ☐ No If so, how many? _____

14. Falls, sports impacts and auto accidents can cause serious spinal problems. Is this visit related to a fall, sports impact, auto accident or injury? ☐ Yes ☐ No Date of Incident _____

15. If the doctor feels that your child will benefit from chiropractic care are you willing to follow his/her recommendations?

☐ Yes ☐ No _____

16. How will you be paying for today's visit? ☐ Credit/Debit Card ☐ Cash ☐ Check ☐ Other _____

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request, however original x-rays remain the property of the clinic.

Parent/Guardian Signature _____ Date _____