



*Family Wellness*  
CHIROPRACTIC  
chirofamilywellness.com

## Pediatric Intake Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Mom/Dad's Name: \_\_\_\_\_  
Home Phone # : \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Siblings: \_\_\_\_\_ Health Issues: \_\_\_\_\_  
\_\_\_\_\_ Health Issues: \_\_\_\_\_  
\_\_\_\_\_ Health Issues: \_\_\_\_\_  
\_\_\_\_\_ Health Issues: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Other methods of treatment attempted and the result of each:

\_\_\_\_\_  
\_\_\_\_\_

## Patient History

### In utero complications:

- Difficulty Conceiving \_\_\_\_\_
- Bleeding/Spotting \_\_\_\_\_
- Breeched Positioning \_\_\_\_\_
- Cramping/Braxton Hicks \_\_\_\_\_
- Bed Rest: (how far along) \_\_\_\_\_
- Prescription Medications used \_\_\_\_\_
- Other \_\_\_\_\_

### Stressors during labor:

- Induced (Pitocin/Oxytocin Injection)
- Epidural (epidural analgesia)
- C-Section
- Forceps utilized
- Vacuum Extraction
- Slow Birth or stuck in canal
- Fast Birth or high pressured
- Unresponsive or Low Apgar Scores following delivery: \_\_\_\_\_
- Other \_\_\_\_\_

Patient dietary habits:

- Breast Fed (how long) \_\_\_\_\_ Currently? Y / N
- Formula Fed (how long) \_\_\_\_\_ Currently? Y / N
- Picky Eater (preferred foods) \_\_\_\_\_
- \_\_\_\_\_
- Doesn't like \_\_\_\_\_
- Consumes Milk (type) \_\_\_\_\_
- Consumes Water (how much, how often) \_\_\_\_\_
- Effects on bowel function \_\_\_\_\_

**Does your child have or had in the past any of the following signs of Nervous System Stress?**

- Slow to reach milestones: sitting, crawling, walking, crawled "funny"
- Asymmetrical or flattening of the cranium/skull? Front Back Sides
- Lack of hair growth on the cranium
- Only turns or prefers head to turn in only one direction
- Failure to latch, difficulty breast feeding,
- Inability to Soothe, Irritable, Stiff, High Pitched Screams
- Foot/Feet turn Inward or Outward with standing or crawling? R / L In / Out
- Digestive issues- Bloating, Gassy, Heartburn, Colic, Indigestion, Vomiting, Reflux, Spit Up
- Constipation-less than once a day, struggles, hard, pebbles
- Diarrhea- loose stool
- Growing Pains, Back Pain, Hip Pain, Knee Pain, Foot Pain, Arm Pain, Hand Pain
- Not hitting milestone as deemed "normal"
- Behavioral Issues: ADD ADHD OCD Depression Anxiety Asperger's
- Neurological Disorders: Numbness/Tingling, Weakness, CP, Autism, Seizures
- Poor quality sleep, toss and turns, troubles getting to sleep, not rested in am
- Suppressed Immune System Function/Sickly- more than 2 times a year
- Cough, Cold, Congestion, Ear Infections, Sinus Infections, Recurrent Infections

Other \_\_\_\_\_  
\_\_\_\_\_

How Many rounds of anti-biotics has your child had in their life? \_\_\_\_\_

Has your child taken any other Prescription Medications in their life? \_\_\_\_\_  
\_\_\_\_\_

Current Prescriptions: \_\_\_\_\_  
\_\_\_\_\_