



# Confidential Paediatric Patient History

Date \_\_\_\_\_

Full name \_\_\_\_\_ Preferred name \_\_\_\_\_

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Home no. \_\_\_\_\_

Parent's name(s) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Email \_\_\_\_\_ Work no. \_\_\_\_\_

GP name \_\_\_\_\_ School Grade \_\_\_\_\_

Referrer \_\_\_\_\_ Health Fund \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact no. \_\_\_\_\_

Reason(s) for consulting us today \_\_\_\_\_

Medical history (include all health conditions/diagnoses, medications, hospitalisations, surgeries, accidents/injuries, major dental work): \_\_\_\_\_

Natural products (include vitamin supplements, homeopathics and any other natural products currently used): \_\_\_\_\_

## Birth History

Your child's birth was:  Easy  Okay  Difficult  Very difficult

Type of Birth:  Vaginal (Normal)  Posterior presentation  Assisted Forceps  Assisted Vacuum Extraction  
 Planned Caesarean  Emergency Caesarean

Medications:  Induced  Epidural  Other drugs used

Were there any health problems during pregnancy? If 'Yes', please describe: \_\_\_\_\_

How long was the labour? \_\_\_\_\_ Apgar Scores: 1st: \_\_\_\_/10 2nd: \_\_\_\_/10

Please describe any significant issues with the labour/birth \_\_\_\_\_

## Development

Breastfed  Yes, until \_\_\_\_mths Bottle fed  Yes, until \_\_\_\_mths Started solids at \_\_\_\_mths

Milestones Sat at \_\_\_\_mths Crawled at \_\_\_\_mths Walked at \_\_\_\_mths Started speaking at \_\_\_\_mths

Please describe any developmental problems that you may have any concern about \_\_\_\_\_

## Family

Siblings?  Yes  No If 'Yes', please describe \_\_\_\_\_

Please describe any family related difficulties that could be impacting on what is happening \_\_\_\_\_

Support Network:  Grandparents  Extended family  Community group  School Chaplain  
 Other support \_\_\_\_\_

**Confidential Paediatric Patient History (cont.)**

Name \_\_\_\_\_

**Schooling**

Please describe any issues with schooling (e.g. poor memory, difficulty focusing, inattentiveness, bullying) and what is being done to assist:

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**Behaviour**

Please describe any current behavioural issues at home or school and what is being done to assist: \_\_\_\_\_

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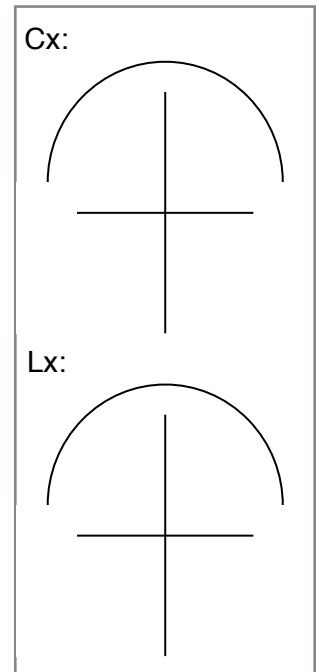
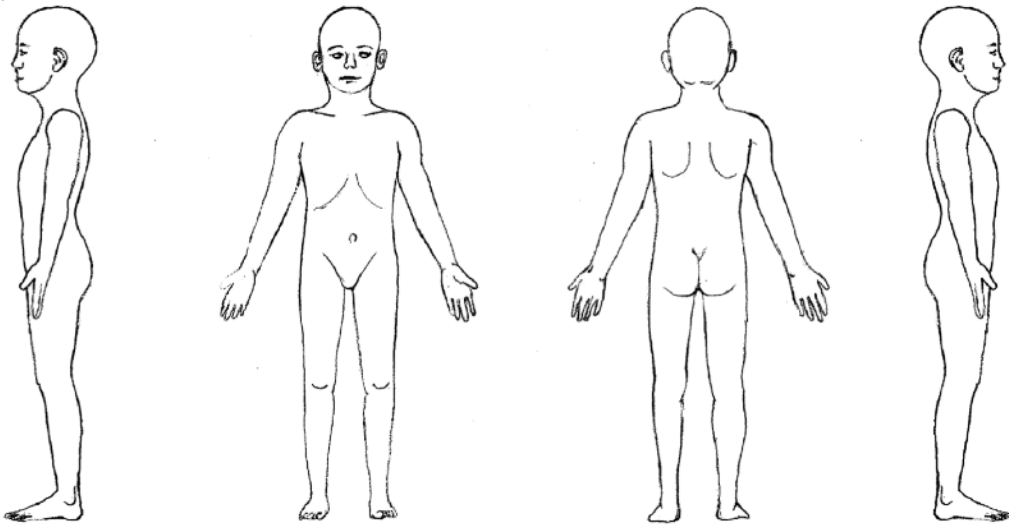
Previous Chiropractic care?     Yes    No                      With Dr \_\_\_\_\_

Where? \_\_\_\_\_    When? \_\_\_\_\_

Under regular Chiropractic care?                       Yes    No                      If so, how frequently? \_\_\_\_\_

Recent X-rays/CT/MRI scans (in last 5 years)?                      Yes/No                      Findings \_\_\_\_\_

Please indicate on the following diagram where there is presently, or recently has been, pain or discomfort



I declare that the information provided on this form is true and correct to the best of my knowledge

Name: \_\_\_\_\_ as Parent/Guardian for \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

We assure that all reasonable measures will be taken in keeping with our Privacy Policy and requirements of government legislation to ensure the personal information and identity details we hold remains protected and secure.

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