Courtyard Chiropractic Health Centre

Child Patient History

416-724-7888 www.courtyardchiro.com

Child's Full Name:		Preferred Name:	
Parent(s)/Guardian:	Birth date: DD / MM / YY	Age:	Gender:
Child lives with:	Siblings & Ages:		
Address: Unit:	City:	Postal Code:	
Home:	Health Card:	Referred by:	
Child Cell:	Parent Cell:		
Parent Email:	Emerg Contact/Relationship:	Ph#:	
School:	Grade:	Emergency#:	
Pediatrician/Family Phys: ☐ No ☐ Yes Name of Doctor:		Tel:	
Address:	City:	Postal Code:	
Date of last visit & reason:	Current medical concern:		
Previous Chiropractor: ☐ No ☐ Yes Name of Chiropractor:		Tel:	
Address:	City:	Postal Code:	
Date of last Visit:	Spinal X-Ray/Imaging History:		
Describe Child's Previous Chiropractic Experience:			

Describe reasons for seeking our care:

☐ Wellness	☐ Pain	☐ Chiropractor/clinic/pamphlet recommended	☐ Injury Rehab	☐ Muscle Tension	☐ Headache
☐ Posture	☐ Stiffness	☐ Spinal Maintenance	☐ Custom Orthotics	☐ Extremity	☐ Sports Performance	☐ Scoliosis

Other Doctor/professional consult, treatment & results:

Conditions & history: Child's current weight: _____ lbs kg Height: _____ in cm

☐ Allergies	☐ Ear infections	☐ Mental/ Emotional Difficulty	☐ Enlarged glands	☐ Digestive problems/colitis	
☐ Asthma	☐ Scoliosis	☐ Bed wetting ☐ Colic	☐ Seizures	☐ Chronic colds	☐ ADHD
☐ Car accident	☐ Recurring fevers	☐ Temper tantrums	☐ Headaches	☐ Back pain	☐ Neck pain
☐ Growing pains	☐ Dislocated joints	☐ Kidney trouble	☐ Sleep Problems	☐ Bone fracture	☐ Hay Fever

Childhood illness & age:

☐ Chicken pox:	☐ Rubella:	☐ Rubeola:	☐ Whooping cough:	☐ Mumps:	☐ Other

Details of conditions, illnesses or historical concerns:

Pregnancy, birth & neonatal history: Physical and chemical stressors that may relate to chiropractic examination & care of the child.

During pregnancy: ☐ Smoking ☐ Alcohol use ☐ Drug use ☐ Illness ☐ Traumas to mother ☐ Supplements
Describe here:

☐ Vaginal birth	☐ Caesarian section	☐ Difficult or very long labour	☐ Forceps used	☐ Vacuum used	☐ Premature
☐ Induced labour	☐ Epidural	☐ Other meds to mother	☐ Cord around neck	☐ Low APGAR	☐ Full term

Neonatal: ☐ Breech/other ☐ Odd shaped head ☐ Shoulder/neck trauma ☐ Respiratory depression ☐ Stuck in canal ☐ Distress
Describe complications (i.e. wks premature) info you remember about child's birth here:

☐ Breastfed:____mo	☐ Formula fed	☐ Early concerns with health	Birth weight:_____ lbs_____ oz Length:_____ in

AUTHORIZATION FOR EXAMINATION AND CARE OF A MINOR (UNDER 16 YEARS)

All questions contained in this questionnaire are strictly confidential and will become part of your child's chiropractic record.
I hereby authorize and consent to the chiropractic evaluation and care of my child. This may include x-rays. Informed consent will also be obtained.

Parent signature: _____ Name:_____ Date:_____

Growth & development:				
Indicate age: ☐ Follow object: ☐ Hold up head: ☐ Sit up alone: ☐ Teeth: ☐ Crawl: ☐ Stand: ☐ Walk:				
☐ Normal sleeping	☐ Smokers at home	☐ Vaccinations /complications	☐ Difficult lactation	☐ Body image issue / eating disorder
☐ Behavioral issues	☐ Night terrors	☐ Hours of TV/wk _____	☐ Bonding issues	☐ Genetic disorders:
Any falls (indicate head-first) from couches, beds, change tables? ☐ No ☐ Yes, explain:				
Do you feel that your child's social and emotional development is normal for their age? ☐ No ☐ Yes, comment:				
Are there other overall health issues or issues meeting milestones of growth & development since birth? ☐ No ☐ Yes, explain:				

Further Systems Review:		List any symptoms, health concerns or diagnoses not described elsewhere.			
☐ Dizziness	☐ Fainting	☐ Anxiety/Depression	☐ Yeast Infections	☐ Neuralgia/Numbness/Tingling	
☐ Irritability	☐ Inguinal hernia	☐ Chest pain/rapid beats	☐ Ear aches/noises	☐ Loss of balance	☐ Fatigue
☐ Vision changes	☐ Poor memory	☐ Loss of concentration	☐ Poor coordination	☐ Poor appetite	☐ Vomiting
☐ Constipation	☐ Diarrhea	☐ Excessive thirst	☐ Gas/bloating	☐ Bronchitis	☐ Pneumonia
☐ Dry skin/rashes	☐ Urinary problems	☐ Antibiotics: _____ doses	☐ Kidney infection	☐ Weight gain	☐ Weight loss
Describe conditions & list others:					

For Older Girls:			Is there any chance that you might be pregnant? ☐ No ☐ Yes			
☐ Cramps	☐ PMS	☐ Irregular cycle	☐ Painful Cycle	☐ Discharge	☐ Pregnant	☐ Sexual abuse
Concerns about health & previous doctor's advice:						

Musculo-Skeletal-Neurological Symptoms:					
☐ Wrist/hand R L	☐ Forearm R L	☐ Elbow R L	☐ Upper Arm R L	☐ Shoulder R L	☐ Posture
☐ Ankle/foot R L	☐ Lower leg R L	☐ Knee R L inner outer	☐ Thigh R L	☐ Hip R L	☐ Buttock R L
☐ Lower back R L	☐ Neck R L	☐ Upper back/blades R L	☐ Rib/side chest	☐ Tendonitis	☐ Spasms
☐ Visual disturbance	☐ Jaw pain/TMJ	☐ Numb/tingling legs or feet	☐ Sciatica	☐ Numb/tingling arms or hands	
☐ Swelling	☐ Skin hypersensitive	☐ Tension top of shoulders	☐ Pain/ache/burn	☐ Neurologist/other specialist visit	
Describe previous diagnoses, specialists, locations & symptoms further, if applicable:					

Sleep Posture & Habits:		Sleep concerns:			
☐ Side sleeper	☐ Back sleeper	☐ Front sleeper	☐ Orthopedic pillow	☐ Well rested	☐ Fatigued
Ergonomics, Work & Play:					
Hrs/day @ computer/games:		Hours sitting:	Hours standing:	☐ Heavy lifting	☐ Twisting/bending
Hobbies:		Time at homework:	High impact sports ☐ No ☐ Yes, list:		
Hrs/day or week of exercise:		☐ Phone cradled neck	Rate stress: ☐ high ☐ moderate ☐ low	"Self time" ☐ N ☐ Y	
Describe stressors or school concerns:					

Supplements, Meds, Hospital visits:		List any natural supplements, prescribed or OTC medications with length of use and doses.			
☐ Herbs/natural supp	☐ Food allergy/issues	☐ Other therapy	☐ Hospitalization	☐ Unconsciousness	☐ Medications
High Quality Multivitamin ☐ No ☐ Yes	Car accident history ☐ No ☐ Yes	Other traumas ☐ No ☐ Yes	Emergency visits ☐ No ☐ Yes	Surgeries prior/coming ☐ No ☐ Yes	Falls ☐ No ☐ Yes
List supplements, meds (and why taken) and history of events:					

24 business hours notice required to cancel or change appointments.

WE LOOK FORWARD TO SERVING YOUR FAMILY IN YOUR HEALTH JOURNEY

Courtyard Chiropractic Health Centre 2863 Ellesmere Road, Suite 318 Toronto ON M1E 5E9 in the Dr.'s Offices of the Court Centenary Site of Scarborough and Rouge Hospital, SW corner of Ellesmere and Neilson Road