Livin' Well Family Chiropractic 5231 Yellowstone Rd.
Cheyenne Wy 82009 307-632-3525 www.livinwellchiro.com

Pediatric Intake & History

Patient Information

Patient name: _____ Mother's name: _____

Address: _____ Mother's occupation: _____

City: _____State: _____Zip:_____ Mother's phone: _____

Home Phone: _____ Mother's email: _____

Cell Phone: _____

Email: _____ Father's name: _____

Sex: M F Age _____ Father's occupation: _____

How Can We Help Your Child?

Wellness visit Y N Other: _____

If your child is already experiencing symptom(s), please describe them here:

_____

_____

_____

Has your child been treated for any emergencies? Y N

Pregnancy History

Did the mother experience any complications during the pregnancy with this child? (Circle all that apply)

Back/Other Pain Gestational Diabetes Preeclampsia Strep B Nausea

Birth History

Type of birth (Circle all that apply): Hospital Birth Center Home

Vaginal Cesarean Breech Induced Epidural

Problems during labor & delivery: _____

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Growth & Development

Infant feeding: Breast Bottle Formula

Number of hours of sleep each night: _____ Quality of sleep: _____

At what age did the child:

Respond to sound: _____ Crawl: _____ Hold head up: _____

Childhood Diseases, Illnesses & Vaccinations

Has your child had (circle all that apply)?

Chicken Pox	Measles	Rubeola
Mumps	Rubella	Pertussis/Whooping Cough

Has your child ever suffered from (circle all that apply)?

Allergies	Broken Bones	Digestive Issues	Hypertension	Orthopedic problems
Anemia	Chronic ear problems	Arm problems	Colds/Flu	Dizziness
Asthma	Poor Appetite	Fainting	Colic	Joint problems
Hernias	Back aches	Seizures	Headaches	Leg problems

Allergies, Medications, Surgeries & Family History

Allergies (list)

_____

_____

Medications (list)

_____

_____

Extra Information about Mother & Siblings

How many children do you have? _____ Number of pregnancies: _____

Children's ages: _____ Are you pregnant? Y N Due date:_____

Authorization for Care of Minor

I hereby authorize this clinic and its doctor(s) to administer care as they so deem necessary to my son/daughter.

Signed: _____ Witnessed: _____