



ROUGHAN CHIROPRACTIC

CHILD HISTORY 2 years - 12 years

Christchurch 03 365 7828
Hokitika 03 755 7846
www.roughan.co.nz

Child's Name: _____ Known as: _____

Date of Birth: _____ Age: _____ Sex: _____ Blood Type: O / A / B / AB

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Parent/Guardian: _____

Email Address: _____

Who may we thank for recommending you? _____

HOW CAN WE HELP YOU?

What is the reason for your visit today? _____

- YES** **NO**
- Does your child complain of pain or discomfort? If yes, when did this occur _____
- Was the onset sudden or gradual Is the problem constant or intermittent _____
- Has your child previously been treated for this problem? If yes, by whom _____
- Has your child seen a chiropractor previously? _____

Health History:

- YES** **NO**
- Has your child had asthma? _____
- Does your child complain of back or neck pain? _____
- Does your child ever complain of pain in the arms or legs? _____
- Does your child ever complain of headaches? _____
- Has your child had any earaches? _____
- At what age did the first earache occur? _____ How frequently does your child have earaches? _____
- Do the earaches occur in the same ear usually? Left Ear Right Ear Both Ears _____
- Is your child allergic to anything? _____
- Is your child presently receiving any medications? _____

Has your child taken antibiotics in the past 6 months? 0 0-3 times 3+ times

- Has your child ever been to a hospital or emergency room for evaluation or treatment? _____
- Has your child been vaccinated? _____

List any illnesses which have been a concern for your child: _____

- Do you have any other concerns about your child's health? _____

Nutrition:

- | YES | NO |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Does your child have any digestive disturbances? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Does your child have any food allergies or intolerances? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Does your child have any persistent or intermittent skin rashes? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Does your child evacuate their bowel daily? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Is your child receiving any vitamin supplements? _____ |

What does your child normally eat for lunch? _____

What does your child normally eat for dinner? _____

What does your child normally eat for snacks? _____

How much water does your child drink each day? _____

What is your child's favourite food? _____

What type of fast foods does your child like to eat? _____

How often would your child eat fast food items? _____

Lifestyle:

What physical activities does your child do during the week? _____

How many hours a day or during the week would be spent in front of a screen? _____

On average, how many hours sleep would your child get? _____ Usually to bed at: _____ pm. Usually wakes at: _____ am

Any sleep disturbances or regular waking in the night? _____

Trauma:

- | YES | NO |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Has your child ever been in a motor vehicle accident or a near-miss? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Has your child had a bone fracture or joint dislocation? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Has your child ever fallen down stairs or from any height? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Has your child had any other trauma or injuries? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Does your child ever bang his/her head against a wall, bed, or other object? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Has your child ever fallen from a bike, scooter, skateboard etc.? _____ |

**I hereby authorise Roughan Chiropractic and its practitioners to administer chiropractic care as they so deem to my son/daughter
(upon approval of parent/guardian)**

Parent/Guardian's Name: _____ Signature: _____ Date: _____

Thank you for your cooperation 😊