BENCE CHIROPRACTIC
Wellness Center

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www.BenceChiro.com

With a revived nervous sytem, true WELLNESS is possible!

Pediatric Intake Form

Confidential Patient Information

Child's Name:_____ Date: _____

Parent/Guardian Name(s): _____

Street Address:_____ City,State,Zip: _____

Cell Phone:_____ Home/Work phone: _____

Email: _____ Birthdate:_____ Age:_____

Siblings and ages:_____ Weight:_____ Height: _____

How did you hear about us? _____

Who is your primary care physician? _____

Is your child receiving care from any other health professional(s)? ◯ Yes ◯ No
-if yes, please list and name their specialty:_____

List any medications/vitamins/other that your child is taking: _____

_____

CURRENT HEALTH CONDITIONS

What health condition(s) bring your child in today? _____

_____

When did the condition first begin? _____

How did the problem start? ◯ Suddenly ◯ Gradually ◯ Post-injury

Is this condition: ◯ Getting worse ◯ Improving ◯ Intermittent ◯ Constant ◯ Unsure

Has your child received care for this condition? Please explain if yes: _____

_____

What makes the problem better? _____

What makes the problem worse? _____

HEALTH GOALS FOR YOUR CHILD

What are your top three health goals for your child:

1) _____
2) _____
3) _____

What would you like to gain from chiropractic care?

◯ Resolve existing condition ◯ Overall Wellness ◯ Both

Previous Chiropractic Care? ◯ Yes ◯ No

PREGNANCY AND FERTILITY HISTORY

Please tell us about the pregnancy

Any fertility issues? ◯ Yes ◯ No If yes, please explain: _____

Did mother smoke? ◯ Yes ◯ No If yes, please explain: _____

Did mother drink? ◯ Yes ◯ No If yes, please explain: _____

Did mother exercise? ◯ Yes ◯ No If yes, please explain: _____

Was mother ill? ◯ Yes ◯ No If yes, please explain: _____

Any ultrasounds? ◯ Yes ◯ No If yes, please explain: _____

Please explain any other concerns about your child's conception or pregnancy: _____

_____

LABOR & DELIVERY HISTORY

At how many week's was your child born? _____ weeks

Child's birth was: ◯ Natural vaginal ◯ Scheduled C-section ◯ Emergency C-section

Child's birth was: ◯ At home ◯ At a birthing center ◯ At a hospital ◯ Other:_____

Please check any applicable interventions or complications:

◯ Breech ◯ Induction ◯ Pain meds ◯ Epidural ◯ Episiotomy ◯ Vacuum extraction

◯ Forceps ◯ Other: _____

Birth weight:_____ Birth height:_____ APGAR score at birth:_____ 5 minutes later:_____

GROWTH & DEVELOPMENT HISTORY

Is/was your child breastfed? ◯Yes ◯No If yes, how long? _____ Any difficulty? ◯Yes ◯No

Did they ever use formula? ◯ Yes ◯ No If yes, what type? _____

At what age did/does your child: Respond to sound: _____ Follow an object:_____

Hold their head up: _____ Vocalize: _____ Teeth: _____ Crawl: _____

Sit alone: _____ Walk: _____ Begin solid foods: _____

Did/does your child have any food intolerance or allergies, and when did they begin: _____

_____

Please list your child's hospitalization and surgical history, including the year: _____

_____

Please list any major injuries, accidents, falls and/or fractures your child has sustained in his/her lifetime, including the year: _____

_____

Have you chosen to vaccinate your child? ◯ No ◯ Yes, on a delayed/selective schedule ◯ Yes

Has your child received any antibiotics? ◯ Yes ◯ No If yes, how many times: _____

Night terrors or difficulty sleeping? ◯ Yes ◯ No If yes, please explain: _____

Behavioral, social or emotional issues? ◯ Yes ◯ No If yes, please explain: _____

How many hours per day does your child spend watching a TV, computer, tablet or phone? ___

How would you describe your child's diet? _____

EMERGENCY CONTACT

Name: _____ Relationship to child: _____

Phone number: _____ Alt. phone number: _____

CONSENT TO EVALUATION OF A MINOR CHILD

I, _____, being the parent or legal guardian of _____,
(print name of consenting adult) (print name of minor)

hereby grant permission for my child to receive a chiropractic evaluation including history, spinal scan, and physical examination. Any findings will be communicated before consenting to commencement of treatment, if appropriate.

_____ _____

Consenting Adult's Signature Date