



Westheights Chiropractic
 10 Westheights Drive, Unit 101
 Kitchener, Ontario N2N 2A8

P: 519.744.9904
 F: 519.744.9842
 E: info@westheightschiropractic.com

Child Health History Form

Personal History

Name (As it appears on your health card) _____ Preferred Name _____
 Address _____ City _____ Prov. _____ Postal Code _____
 Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____
 E-mail _____ Height _____ Weight _____
 Date of Birth (dd/mm/yyyy) _____ Age _____ Sex: M F
 Parent's Name(s) _____ Ages of Other Children _____
 Past Chiropractic Care? Y N If yes, when was your last visit _____ Results: Poor Good Great
 Name of Previous Chiropractor (if you had one) _____
 Name of Medical Doctor (if you have one) _____ City _____
 Referred to us by _____

Why this Form is Important:

Our office focuses on your child's ability to be healthy. Our goals are to first address the issues that brought you and your child to this office, and second, offer the opportunity to improve your child's health potential in the future. Life activities include events that cause damage. This damage builds layer upon layer even to levels at which you may **not yet be aware**. Research is showing that many of the health challenges that occur later in life have their origins during the developing years, some starting at or before birth. We need to know what your child's layers of damage contain, so we ask you to carefully and completely fill out this detailed and important form.

Current Health Concerns

Please check here, if you have no symptoms or complaints and are here for wellness care.

Major Concern(s) _____

Minor Concern(s) _____

When did this problem begin? _____ Has it occurred before? Yes No

What makes it worse? sitting standing bending lifting walking lying down
 cold dampness other _____

What makes it better? sitting standing bed rest cold heat massage
 medication other _____

Is it getting? worse better constant comes and goes

Is the problem worse during a certain time of day? Yes No If yes, when _____

Does this interfere with school? sleep? daily routine? quality of life?

Have you seen anyone else for this concern? Yes No If yes, who? _____

Type of Treatment _____ Results: Poor Good Great

Have you had X-rays taken in the last 12 months? Yes No

If yes, where were they taken? _____

"We Enrich The Lives Of Families, One Adjustment At A Time"



Westheights Chiropractic
 10 Westheights Drive, Unit 101
 Kitchener, Ontario N2N 2A8

P: 519.744.9904
 F: 519.744.9842
 E: info@westheightschiropractic.com

Labour and Delivery

- Hospital with doctor Hospital with Midwife Home with Midwife
 Breach Caesarian Fetal Monitor Used
 Medications Forceps Length of Delivery _____
 Complications. Please Describe _____

Prenatal & Infant History

- Number of Ultrasounds given during pregnancy _____
 Duration of pregnancy in weeks _____ APGAR Score at birth _____
 Birth Length _____ Birth Weight _____
 Please check any problems the patient had at birth:
 Jaundice Cyanosis Choking
 Other _____

Nutritional History

- Please check if the patient received any of the following:
 Breast Milk, how long? _____ Commercial Formula Cow's Milk
 Goat's Milk Solid Food Sweets
 Fruit Juice Vitamins Medication
 Other _____

Developmental History

There are six times during the baby's first year of life when the spine is especially vulnerable to stress and should be examined by your Chiropractor for early detection of spinal misalignment (vertebral subluxation).

- If your child is younger than 2 years old, please indicate which of the following milestones he/she has reached:
 Hold head up Sits up Crawls Stands alone Walks alone

According to National Safety Council, approximately 50% of children fall head first from a high place during the first year of life (ie: bed, changing table, down stairs, etc.) Was this the case with your child? Yes No
 If yes, please describe the circumstances _____

Has your child ever been involved in any high impact or contact type sports (ie: Soccer, football, hockey, gymnastics, baseball, martial arts, etc.?) Yes No
 If yes, please list _____

Has your child ever been treated on an emergency basis? Yes No
 If yes, please describe _____

Other injuries or falls not described above? Yes No
 If yes, please list _____

"We Enrich The Lives Of Families, One Adjustment At A Time"



Westheights Chiropractic
 10 Westheights Drive, Unit 101
 Kitchener, Ontario N2N 2A8

P: 519.744.9904
 F: 519.744.9842
 E: info@westheightschiropractic.com

Prior surgery? Yes No
 If yes, please list _____

Onset of first menstrual period (if applicable) _____

Childhood Diseases

Has your child had any of the following illnesses? (Please indicate age if applicable)

- Measles (Rubeola) _____ Mumps _____ Rubella (German Measles) _____
 Pertussis (Whooping Cough) _____ Chicken pox _____ Other _____

Family History

Please check all appropriate boxes

	Heart Disease	Arthritis-Location	Cancer-Type	Diabetes	Other (Explain)
Mother's side					
Father's side					
Brothers/Sisters					

Why Chiropractic Care

People go to a Chiropractor for a variety of reasons. Some go for symptomatic relief of a condition (**Relief Care**), which corrects the most recent layers of spinal and neurological damage. Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (**Corrective Care**). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with chiropractic care (**Wellness Care**). These are the three phases of care. Your chiropractor will weigh your needs and desires when recommending your schedule of care which best fits your health goals.

Please check the type of care desired so that we may be guided by your wishes whenever possible.

- Wellness Care Corrective Care Relief Care
 Check here if you want the doctor to select the type of care appropriate for your condition

The purpose of our chiropractic office is to serve families in our community to improve their quality of life through chiropractic, focusing on optimal balance of the nervous system. We strive to educate you so that you may understand health and chiropractic and in turn educate and help others.

Dated this _____ day of _____, 20 _____.

Legal Guardian Signature: _____

Legal Guardian Name (Please Print): _____

”We Enrich The Lives Of Families, One Adjustment At A Time”