

**Family Chiropractic**  
100 Colborne St. N., Suite B  
Simcoe, ON  
N3Y 3V1



## **PEDIATRIC HISTORY FORM**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Referred By: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

What is your reason for contacting us? \_\_\_\_\_

Other Doctors see for this condition: \_\_\_ N \_\_\_ Y, Doctors Names and Prior  
Treatments: \_\_\_\_\_

Any changes in sleeping patterns? \_\_\_\_\_ please describe: \_\_\_\_\_

Any changes in feeding patterns? \_\_\_\_\_ please describe: \_\_\_\_\_

Any changes in Bowel or Bladder Functions? \_\_\_\_\_ please describe: \_\_\_\_\_

Does the Baby have a fever? \_\_\_\_\_

Check any of the following conditions your child has suffered from during the past six months:

\_\_\_ Ear Infections \_\_\_ Scoliosis \_\_\_ Seizures \_\_\_ Chronic Colds \_\_\_ Headaches

\_\_\_ Asthma \_\_\_ Digestive \_\_\_ ADHD \_\_\_ Fevers \_\_\_ Temper Tantrums

\_\_\_ Growing Pains \_\_\_ Colic \_\_\_ Bed Wetting \_\_\_ Car Accident

Other: \_\_\_\_\_

Family History: \_\_\_\_\_

Genetic Disorders or Disabilities?  No  Yes,  
List: \_\_\_\_\_

APGAR Score less than 7  Yes  No

**Feeding History**

Is feeding a pleasant experience for mom and baby? Yes  No  if no why not? \_\_\_\_\_

Breast Fed?  No  Yes, How Long: \_\_\_\_\_

Formula Fed?  No  Yes, How Long: \_\_\_\_\_

Introduced to Solids at: \_\_\_\_\_ Months, Cow's Milk at \_\_\_\_\_ Months

Food/Juice Allergies or Intolerances?  No  Yes, List: \_\_\_\_\_

**Developmental History**

Currently, which percentile does the baby's height and weight fall into? Has this changed from previous?

During the following times your child's spine is most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). At what age was your child able to:

Respond to Sound       Cross Crawl       Respond to Visual Stimuli  
 Stand Alone       Hold Head Up       Walk Alone       Sit Up

Is/has your child been involved in any high impact or contact type sports (ie., Soccer, Football, Gymnastics, Baseball, Cheer-leading, Martial Arts, etc.)? \_\_\_\_\_

Has your child ever been involved in a Car Accident?  No  Yes, List: \_\_\_\_\_

Has your child ever been seen on an Emergency Basis?  No  Yes,  
List: \_\_\_\_\_

Other Traumas Not Described Above?  
\_\_\_\_\_

Prior Surgery?  No  Yes, List: \_\_\_\_\_

Previous Chiropractor: \_\_\_\_\_

Number of Doses of Antibiotics Prescribed:

During the Past Six Months: \_\_\_\_\_, Total during his/her lifetime \_\_\_\_\_

Number of doses of other Prescription Medications your child has taken

During the Past Six Months: \_\_\_\_\_, Total during his/her lifetime \_\_\_\_\_

Vaccinations History: \_\_\_\_\_

**Prenatal History:**

Name of Obstetrician/Midwife: \_\_\_\_\_

Complications during pregnancy: \_\_\_\_\_

Ultrasounds during pregnancy (if yes how many): \_\_\_\_\_

Medications during pre-natal period: \_\_\_\_\_

Cigarette/Alcohol during pregnancy: \_\_\_\_\_

**Birth History**

Location of Birth? \_\_\_\_\_ Hospital \_\_\_\_\_ Birthing Center \_\_\_\_\_ Home

How long was your first stage of labour? \_\_\_\_\_

How long was your second stage of labour? \_\_\_\_\_

What position were you in? \_\_\_\_\_

Were you induced? \_\_\_\_\_

What was the presentation: Head \_\_\_\_\_ Face \_\_\_\_\_ Breech \_\_\_\_\_

Birth Intervention: \_\_\_\_\_ Forceps \_\_\_\_\_ Vacuum Extraction \_\_\_\_\_ Planned Caesarean Section

Emergency Caesarean Section \_\_\_\_\_

Epidural? \_\_\_\_\_

Complications during delivery \_\_\_ No \_\_\_ Yes, If yes please list \_\_\_\_\_

**Childhood Diseases**

Chicken Pox N/Y, Age \_\_\_\_\_  
Rubella N/Y, Age \_\_\_\_\_  
Rubeola N/Y, Age \_\_\_\_\_  
Mumps N/Y, Age \_\_\_\_\_  
Whooping  
Cough N/Y, Age \_\_\_\_\_  
Other N/Y, Age \_\_\_\_\_

**We are here to serve you, and encourage you to ask questions. Your participation is vital and will help determine your child's results.**

**Authorization for care of a minor**

I hereby authorize this office and its' Doctors to administer care to my son/daughter as they deem necessary. I clearly understand and agree that I am personally responsible for payment of all fees charged by this office.

Signed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Date: \_\_\_\_\_

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) and for the defense of a legal issue.

Our office will not, under any conditions, supply your insurer with your conditional medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for your permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information and we will explain the ramifications of that decision, and the process.

**Patient Consent**

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information.

I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Family Chiropractic can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the office's privacy policies.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_