

CHILD SPINAL AND POSTURAL EXAMINATION

Dear Parent,

It is our pleasure to welcome you to our clinic.

Please complete the following questionnaire. Your answers will help us to determine whether chiropractic can help your child. Please note this is a postural and spinal examination only. No chiropractic treatment will be rendered. If treatment is required you will be advised of this and an appointment can be made for a later date.

Thank You

Name of Child: _____ D.O.B.: ___/___/___ Age: _____

Parents Names: Father _____

 Mother _____

Address: _____

_____ P/C _____

Contact Phone Numbers:

Home _____ Mobile _____ Work _____

Email _____

Other Children's Names:

_____ D.O.B. ___/___/___ Age _____

_____ D.O.B. ___/___/___ Age _____

_____ D.O.B. ___/___/___ Age _____

_____ D.O.B. ___/___/___ Age _____

How did you hear of the postural and spinal examination offered in this clinic? (please circle)

Staff Member Work Shop Friend Family Sign in Reception Y.P.'s Other

Do you have private health insurance for chiropractic? Yes/ No / Unsure

Name of company _____

What concerns do you have regarding the health of your child?

BIRTH

The birth of your child can give vital clues as to potential spinal problems. Please answer the following questions very carefully.

Was your child delivered:

Normally	Yes / No	Breech	Yes / No
Posterior	Yes / No	Premature	Yes / No
At Term	Yes / No	Caesarian	Yes / No
Late	Yes / No	Forceps	Yes / No
Chemically Induced	Yes / No	Suction/Vacuum	Yes / No
Other	_____		

Birth weight: _____

Apgar Scores _____

How long were you in labour? _____ Hours How long did you "push" for? _____ Mins / Hours

Do you believe the birth was traumatic for your child? Yes / No

Was your child's head mis-shapen at birth? Yes / No

Were there any delivery complications? Yes / No

Details _____

BIRTH TO SIX MONTHS

Was your child breast fed? Yes / No For how long? _____

Was your child formula fed? Yes / No For how long? _____ Type _____

Did your child suffer with colic? Yes / No If yes, how bad was it? Mild Moderate Severe

Did your child suffer with reflux? Yes / No If yes, how bad was it? Mild Moderate Severe

Would you say your child was a:

Very poor sleeper Poor sleeper Average sleeper Good sleeper Very good sleeper

OTHER PROBLEMS

Please indicate by circling any of the following conditions which your child has experienced in the past:

Headache	Allergies
Neck Pain	Back Pain
Constipation/Diarrhoea	Earaches/ Infections
Sinus Pain	Recurrent Tonsillitis
Bedwetting	Recurrent chest Infections
Growing Pains	Hyperactivity
Loss of appetite	Poor sleeping habits
Visual disorders	Constant fatigue
Arm/ Leg pain	Poor co-ordination
Learning difficulties	Recurrent stomach aches
Digestive disorders	Scoliosis
Fever	Convulsions
Joint pains	Asthma
Travel sickness	Night Terrors
Seizures	Chronic Colds
Recurring Fevers	Hip Problems
Other _____	

MEDICAL HISTORY

How long did your child crawl for? _____ months

Is your child accident prone? Yes / No Has your child has any significant falls? Yes / No

Please describe any falls or accidents your child has had.

Has your child ever been involved in a motor vehicle accidents? Yes / No

Is your child on medication? Yes / No

Vaccination History? _____

Has your child had any diseases/ illnesses? Yes / No

Has your child ever been hospitalised or had surgery? Yes / No If yes, please describe:

Has your child ever had any broken bones or sprain injuries? Yes / No If yes, please describe:

Has your child ever been assessed for the presence of scoliosis? Yes / No

Has your child had a learning disorder? Yes / No

How many times has your child taken antibiotics? In last six months ____ During Lifetime ____

How many doses of other Prescription Medication has your child taken?

In last six months: _____ During Lifetime _____

PREVIOUS CHIROPRACTIC CARE

Has your child had previous chiropractic care? Yes / No

Reason for care _____

Date of last care ____ / ____ / ____ Name of Chiropractor _____

Location of Clinic _____ Were x-rays taken? Yes / No

How would you describe the care received? Excellent ____ Good ____ Fair ____ Poor ____