WELCOME TO

HEALTHY START CHIROPRACTIC & WELLNESS!

Please fill out this form as completely and accurately as possible.

All the information requested below is necessary for us to serve you the best way possible.

Pediatric Intake Form

Personal Information

Patient name"_____ Date of Birth_____

Parent's names _____

Address _____ City_____ Zip _____

Home phone (____) _____ Email _____

Occupation_____ Employer _____

Employer Address_____ City _____ Zip _____

Business Phone(____)_____ Insured's Date of birth _____

Insured's SS#_____ Whom may we thank for your referral? _____

What concerns do you feel Healthy Start can address for you? _____

_____

_____

Has your child ever received chiropractic care? Y N If yes, with whom?_____

Date of last visit _____ Why did you stop care? _____

Was there a particular health concern for which you consulted the chiropractor? _____

_____

Pediatrician_____ Dates seen _____

Your Child's Health Profile

Vaccination history (Circle one) Up to date Chose to decline vaccines Still deciding

Please describe any adverse reactions to vaccinations _____

_____

I would like more information regarding vaccinations (Circle) Yes No

Please mark an "X" for current condition or an "O" for past condition.

___Ear infections	___Scoliosis	___Seizures	___Chronic colds
___Headaches	___Asthma	___Allergies	___Digestive problem
___ADHD	___Bedwetting	___Colic	___Acid reflux
___Behavioral problems	___Bowel problems	___Poor appetite	___Difficulty crawling
___Difficulty walking	___Other (please describe) _____		

Number of antibiotics your child has been prescribed _____

Please list any current medications or drugs_____

Please list any current vitamins, supplements, herbs, homeopathic, etc_____

_____

Health, Wellness, and Chiropractic Care

The human body is designed to be healthy. The primary system in the body which coordinates health is the NERVOUS SYSTEM. The bones of the spine, called vertebrae, surround and protect the delicate NERVOUS SYSTEM.

Physical, emotional, and chemical stresses, common to our contemporary lifestyle, can result in misalignment to the spinal column as well as damage the delicate NERVOUS SYSTEM. The result is a condition called a Vertebral Subluxation. The chiropractic exam/evaluation determines if your spine shows signs of the Vertebral Subluxation process. Physical, chemical, and emotional issues may cause Vertbebral Subluxations in your child's spine. The remainder of the intake form addresses the possible situations that may cause Vertebral Subluxation in your child's spine.

Physical Causes:

Birth history

Name of Obstetrician / Midwife _____

Pregnancy or Birth Complications (circle) Yes No If yes, please explain_____

Birth Intervention (circle) Forceps Vacuum Extraction Cesarean Induction External Cephalic Version

Birth until now

At what age what your child able to do the following:

___Respond to sounds ___Hold head up ___Sit up ___Crawl

___Stand ___Walk

Has your child had any of the following:

___Automobile accident ___Bicycle accident ___Sports injury ___Serious falls

___Difficulty crawling ___Difficulty walking ___Broken bones ___Difficulty nursing

___Hospitalizations

If yes to any above, please list date and explain_____

_____

Chemical Causes:

Was your child breastfed or formula fed?_____ How long?_____

Age when solids were introduced_____ Age when milk was introduced and what kind of milk (circle)_____

Cow's milk Goat's milk Almond Milk Other

Food/drink intolerances, allergies, or sensitivities _____

_____

Has your child been exposed to any of the following on a regular basis?

___Toxic chemicals ___Drugs (prescribed or not) ___Second hand smoke ___Other

Does your child take a probiotic supplement? Yes No

Does your child take a fish oil supplement? Yes No

Does your child ingest sugar in the form of candies, sweets, or soda? Yes No

Does your child ingest artificial sweeteners like Splenda or diet sodas? Yes No

Does your child ingest cereals, white breads, and pastas? Yes No

Emotional Causes:

Please indicate if your child has experienced any of the following emotional stresses in their life.

___Physical trauma ___Loss of loved one or pet ___Abuse ___Work or school stress

___Parents divorce/separation ___Lifestyle change ___Illness

Does your child have difficulty concentrating? Yes No

Does your child complain of having headaches and feeling overwhelmed? Yes No

Does your child throw temper tantrums? Yes No

Is your child confident in social settings? Yes No

Thank you for choosing Healthy Start Chiropractic & Wellness.

We look forward to helping you and your family achieve your health goals!


healthystart
CHIROPRACTIC & WELLNESS P.C.