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Temple Crossing Chiropractic and Massage  
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## PEDIATRIC HEALTH HISTORY

So that we may help your child attain optimum health and wellness, please answer **ALL** questions even if they seem unrelated to your case.

Name: \_\_\_\_\_ AHC#: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Father: \_\_\_\_\_, Mother: \_\_\_\_\_

Referred to this office by: \_\_\_\_\_

### Purpose for this appointment?

\_\_\_\_\_  
\_\_\_\_\_

Other doctors seen for this condition? - Doctors names and prior treatments:

\_\_\_\_\_  
\_\_\_\_\_

Other health problems? \_\_\_\_\_

Has anyone else in the family had similar issues? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_

Is there a family history of disease or disorders that might be relevant?

Explain: \_\_\_\_\_

Previous Chiropractor: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Reason: \_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Reason: \_\_\_\_\_

Number of doses of antibiotics your child has taken:

During the past six months: \_\_\_\_\_ Total during his/her lifetime: \_\_\_\_\_

Vaccination history: \_\_\_\_\_

Any reactions to Vaccinations: \_\_\_\_\_

**PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE**

## PAST HEALTH HISTORY

Major surgery/operations: eg) Appendix, Tonsils, Hernia, Tubes in ears, other?  
Explain: \_\_\_\_\_

Birth Process    Normal    Abnormal    Easy    Hard

Major accidents or falls, fracture?  
Explain: \_\_\_\_\_

Treatment for any health condition in the last year    Yes    No  
If yes, please explain \_\_\_\_\_

Please check any of the following conditions that are a problem; and underline any that were a problem in the past.

### MUSCLE & JOINT

- sore muscles
- sore joints
- growing pains
- constipation/
- muscle cramps

- back problems
- neck problems
- vomiting

- painful tailbone

- eruptions/

- asthma

- arthritis

- difficulty chewing/clicking jaw

- problems

- general stiffness

- walking problems

- feet turn in/out

- coordination problems

- headaches

### GENERAL

- fatigue

- allergies

- difficulty sleeping

- dizziness

- fainting

- earaches

- nose bleeds

- pain between shoulders

- eczema

- stomach aches

- chronic cough

- enlarged glands

- loss of weight

- poor/excessive appetite

- junk food

- nervousness

- depression/confusion

### ORGANS

- bedwetting

- anemia

- hearing problems

- ADHD

- diarrhea

- behavioral problems

- frequent colds/flu

- epilepsy

- sore throat

- spinal curvature

- skin

- digestive

I am authorized, or do give authorization for this child to be treated

\_\_\_\_\_  
**Signature**