Mommy&Me
Family Chiropractic

Pediatric Health Form

Today's date:_____

Infant's Name : _____ Referred by: _____
Parent/Guardian (s) Full Name:_____
Home Address: _____
Postal code: _____ Province:_____ City:_____
Phone:(H)_____(C)_____ (W)_____
Weight:_____ Height:_____ Sex:_____ DOB:_____
E-mail Address: _____
Manitoba Health Registration No. _____ PHIN # : _____

Chiropractic History

Have you previously seen a chiropractor? ☐Y ☐N If yes, with whom? _____
If Yes, when was your last visit and how long was treatment?_____
Have you ever had x-rays taken: ☐Y ☐N If yes, when and where? _____

Current Health Condition ☐ *Here for wellness and have no complaints (Please skip to the next section)*

Reason for today's visit: _____
Problem started: _____Why do you think it started? _____
How has the problem been progressing: ☐ getting worse ☐ better ☐ staying the same
Does anything make it better? ☐Y ☐N _____
Does anything make it worse? ☐Y ☐N _____
Is it worse during certain times of the day? ☐Y ☐ N _____
Have you seen anyone else for this complaint? ☐Y ☐N If yes, with whom? _____
What were the results? _____
What was the treatment? _____
Are you currently using any home remedies? _____

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

□ Difficult Breastfeeding □ Ear Infections □ Seizures □ Chronic Colds □ Headaches □ Asthma / Allergies □ ADHD / ADD
□ Digestive Problems □ Recurring Fever □ Growing / Back Pains □ Colic □ Bed Wetting □ Temper Tantrums □ Scoliosis
□ Difficulty Sleeping □ Other _____

Prenatal History

Name of Obstetrician / Midwife: _____ Location of Birth: ☐ Hospital ☐ Birthing Center ☐ Home
Problems during pregnancy? ☐Y ☐N If yes, please explain_____
Any cigarette, alcohol or drug use during pregnancy? ☐Y ☐N_____
Any medications used during: pregnancy? ☐Y ☐N Labor/Delivery? ☐Y ☐N What type?_____

Type of Birth: ☐Vaginal ☐Cesarean ☐Forceps ☐Vacuum/ suction No. Weeks at Delivery:_____
3rd Trimester Presentation: ☐Vertex ☐ Breech ☐Face ☐Transverse
Induced labor: ☐Y ☐ N If yes, please explain:_____ #
Hours In Labor: _____ Pushed for (minutes):_____
Any complications during labor/delivery? ☐Y ☐ N What kind:_____
Medical Interventions needed : ☐Y ☐ N What kind:_____
Any marks or bruising noticed after birth: ☐Y ☐ N What type _____
Birth Weight:_____ Birth length:_____ Current Weight:_____
Known congenital anomalies/ defects: ☐Y ☐ N If yes, please explain:_____

Sleep

Hours of sleep Per Night:_____ Quality of Sleep: ☐Good ☐Fair ☐Poor
What position does your child sleep in? ☐ Back ☐ Tummy ☐Other:_____
Are there any positions your child does not like to be in?_____

Infant feeding

Breast fed: ☐ Y ☐ N How long: _____ Formula fed: ☐ Y ☐ N How long: _____
Which formula:_____
Does your child prefer to feed on one side over the other? ☐ Y ☐ N Which side? _____
Introduction to: solids at _____months cows' milk at _____ months
Food / Juice allergies or intolerances: ☐ Y ☐ N Please list:_____
Digestion: # Wet diapers per day _____ # Poopy diapers per day_____

Medical History

Pediatrician: _____ Date of Last Visit: _____
Reason:_____
Vaccination History:_____
Antibiotics or other prescription history: _____
In the last six months:_____
Family medical conditions/history: _____

Has your child suffered from any childhood disease: ☐Y ☐ N If yes, please fill out.

Chicken Pox: Age: ____ N/A Measles Age: ____ N/A Mumps: Age: ____ N/A Rubella: Age: ____ N/A
Whooping Cough: Age: ___ N/A Rubeola: Age: ____ N/A Other: _____ Age:____

Developmental History

At how many months was your child able to: ___ Respond to sound ___ Respond to visual stimuli ____ Hold head up ____ Sit up ____Cross crawl ____ Stand alone ____ Walk alone

Accident/Trauma/Injury History

Involved in Sports: ☐ Y ☐ N What type: _____
Car accidents: ☐ Y ☐ N How many: _____ Approximate dates: _____
Other traumas/accidents/injuries: ☐ Y ☐ N What kind: _____
Surgeries: ☐ Y ☐ N What type? _____ When? _____
Hospitalizations: ☐ Y ☐ N Reason?_____
When?_____ Emergency visits: ☐ Y ☐ N
Reason?_____ When?_____

Signature:____ **Today's Date:**__________________________