

KEY TO LIFE CHIROPRACTIC

CHILDREN'S CONFIDENTIAL PATIENT CASE HISTORY

Please complete this questionnaire fully and remember to bring it with you for your first appointment.
Your answers will help us determine how chiropractic care can help your child.

PERSONAL INFORMATION:

Child's Last Name: _____ First Name: _____ Sex M ___ F ___

What do they prefer to be called? _____

DOB: _____ Weight: _____ Length: _____ APGAR: _____

Parent's Names: _____ & _____

Previous Chiropractic Care? _____ If so, when and why: _____

The Human body is designed to be healthy. The primary system in the body which coordinates health is the nervous system. The healthy function of every cell, every system, and every organ is dependent upon the integrity of the nervous system. The bones of the skull and vertebrae of the spine house and protect the central nervous system.

From the birth process until the present, events have occurred in your child's life which may have caused Interference and damage to this delicate system. Physical, emotional, and chemical stresses common to our contemporary lifestyles can result in misalignment and damage to the spinal column. This interference is called the Vertebral Subluxation Complex.

The following form will help reveal the causes of Vertebral Subluxation which interfere with the optimal function of Your child's nervous system and therefore impair your child's inborn health and well-being.

PRENATAL HISTORY:

Why are you bringing your child in for Chiropractic care? _____

Who is your regular pediatrician? Physician and Facility Name: _____

Address: _____

Birth related questions for children under 10 years old:

Did you have ultrasounds during the pregnancy? Yes or No Frequency: _____

Place of birth: -Home -Birthing Center -Hospital Provider: -Midwife -OB-GYN other: _____

Type of birth: -Vaginal or C-Section Was anesthesia used? Yes or No -Spinal -Epidural -Other _____

What position did you deliver in: -Squatting -On Back -Other: _____

Birth Trauma: _____

Doctor assisted -Twisting -Pulling -Vacuum Extraction -Forceps Newborn trauma (medical procedures and tests) _____

Did you breast-feed your child? Yes or No How long? _____

Repeated studies are now informing us breast-feeding develops strong and healthy immune, neurological, and digestive systems.

According to the National Safety Council, approximately 50% of infants have fallen onto their heads during their first years of life. Another study reveals about a quarter of a million children are injured on playgrounds annually.

Can you recall any such jolts, falls or traumas to your child? Yes or No Please Describe: _____

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Child's Name _____

Any fractures or dislocations (what, when, how, etc.)? _____

Which sports does your child play? -Soccer -Football -Gymnastic -Karate -Hockey -Lacrosse -Basketball -Dance -Wrestling -Baseball -Other _____

Other than the 5 hours per day spent sitting in the classroom, does your child spend additional prolonged time sitting? Yes or No **Is it in front of a** -computer -TV -tablet -game console

How would you rate your child's diet? -Poor -Fair -Good -Excellent

Does your child consume artificial sweeteners? Yes or No **Fluoridated water?** Yes or No

Circle any of the following conditions your child has suffered from:

-Colic -Irregular sleeping patterns -Night terrors -Tantrums -Ear Infections -Asthma

-Poor Digestion -Bloating Abdomen -Constipation/Pain -Other Bowel Complaints

-Red Rings around Anal Area -Itchy Genital Area -Thickly Coated or Patchy White Tongue

-Eczema -A Chronic Hair or Foot Odor -Bed Wetting -Muscle Aches or Weakness

-Repeated Infections or Colds -Headaches -Seizures -"Spacey" or "Zoned Out" look in eyes

-ADD or ADHD -Learning Disorders -Emotional Disorders

-Unexplained Aches or Pains If so, where? _____

-Other Medical Diagnoses or anything else you are concerned about _____

Please list all Allergies: _____

How often has your child been treated with drugs/antibiotics? _____

What drug(s), for what, and when? _____

Were you informed of their adverse reactions? Yes or No

If it was an antibiotic, was your child recommended to take a probiotic? Yes or No

Any Surgeries? Yes or No If so, for what and when? _____

The child's immune system, like all other developing systems of the body is both intricate and delicate. It strives for a state of homeostasis and balance in the body. Long term, adverse effects from interfering with this process with artificial immunizations are just being uncovered.

Were you adequately informed of the risks of vaccinating your child? Yes or No

Did your child experience any neurological, developmental, behavioral, emotional, or physical changes within 3 months after any shots? Yes or No If yes please describe _____

Was it reported by you or your doctor? Yes or No

Was it reported to the Vaccine Adverse Event Reporting System (VAERS)? Yes or No

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Today, we are becoming more aware of how current technological life styles and practices exposes our children's nervous systems to continuous stresses.

These result in Vertebral Subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and immune system function. The integrity of the nervous system is therefore imperative to a healthy immune system in your growing child.

Your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

AUTHORIZATION FOR CARE OF A MINOR

I hereby authorize Dr. Wayne Christianson and any licensed chiropractors affiliated within KEY TO LIFE CHIROPRACTIC for services, to administer care as deemed necessary to my son/daughter.

Child's Name: _____ Birth Date: _____

Relationship to Child: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

(Office Staff Only)