Complete Chiropractic Life Center
Pediatric History Form

Child's Name:_____ Date:_____

Address:_____ City:_____ Zip:_____

Child's SS#:_____ Family Email Address:_____

Age (years)_____ (months)_____ Date of Birth____/____/____ M / F

Purpose of this appt.:_____

Mother's Name:_____ Phone: (H)_____ (W)_____

Employer:_____ Occupation:_____

Father's Name:_____ Phone: (H)_____ (W)_____

Employer:_____ Occupation:_____

Is the child covered by any health insurance? Y / N

Insurance Company Name(s): _____

Siblings and ages: _____

Please check any past and present symptoms:

❑ Allergies/Asthma	❑ Convulsions	❑ Leg Problems
❑ Arm Problems	❑ Diabetes	❑ Neck Problems
❑ Backaches	❑ Diarrhea	❑ Scoliosis
❑ Bed wetting	❑ Digestion problems	❑ Seizures
❑ Behavior problems	❑ Dizziness	❑ Sinus trouble
❑ Broken bones	❑ Ear infections	❑ Temper Tantrums
❑ Colds/Flu	❑ Headaches	❑ Walking problems
❑ Colic	❑ Heart trouble	❑ Car accident
❑ Constipation	❑ Hyperactivity	❑Other_____
		_____
		_____

Name of Pediatrician:_____ Date of last visit:_____

Reason:_____

Birth Intervention:

- ❑ Normal vaginal delivery
- ❑ Forceps
- ❑ Vacuum Extraction
- ❑ Caesarian Section: ___Planned ____Emergency
- ❑ Complications during delivery: Yes / No
- ❑ Genetic disorders or disabilities: Yes / No

Birth Weight:_____ Birth Length:_____

Present Weight:_____ Present Length/Height:_____

Feeding History:

Breast Fed Yes / No

Formula Fed Yes / No

Vaccination History:

- ❑ My child's vaccinations are up to date
- ❑ My child has not received any vaccinations
- ❑ I do not know if my child was vaccinated
- ❑ My child had an adverse reaction to a vaccination

Authorization for Care of Minor: I hereby authorize this office and it's doctors and assistants to administer care to my child as they deem necessary.

Signed:_____ Date:____/____/____

Witnessed_____ Date:____/____/____

HIPAA: Complete Chiropractic Life Center conforms to the current HIPAA guidelines. You may request a copy of our HIPAA Policy at the front desk. Please sign below to indicate you have been made aware of its availability.

Signed:_____ Date:____/____/____

It is a pleasure to welcome you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family more comfortable.

We look forward to working with you to build better health for your family.