

Child Chiropractic Health Questionnaire

Name: _____ Home Phone: _____

Address: _____

Birthdate: _____ Parent's/Guardian's Names: _____

Will you be using Insurance? Yes No

Primary Ins.: _____ Policy Holder's Name: _____ Birthdate: _____

Secondary Ins.: _____ Policy Holder's Name: _____ Birthdate: _____

Welcome!

It is well known that families who maintain strong health, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes, even

1. Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office? _____
2. Research shows that spinal problems often begin at birth. How old was your child when they received their first chiropractic checkup? _____ Never
3. Difficult, long and/or doctor-assisted births can cause spinal misalignments. Was your child born by C-section, forceps, suction cup or other device? Yes, _____ No
4. Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problems? Yes, _____ No
5. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your child's posture? Poor - 1 2 3 4 5 6 7 8 9 10 - Excellent
6. Did your child have early health challenges such as colic or frequent ear infections? Yes No
7. Does your child suffer from any of the following: allergies, sinus problems, bed-wetting, difficulty concentrating, attention deficit disorder? (Please circle)
8. Does your child have other health problems that concern you? _____

9. Do you miss work or sleep often due to your child's illnesses? Yes No
10. Do you worry often about your child's health? Yes No
11. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications is your child currently taking? _____

12. Does your child have any medication allergies? _____
13. Falls, sports impacts and auto accidents can cause serious spinal problems. Is this visit related to an auto accident or injury? Yes, date of incident: ___/___/___ No

The above information is true and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____