Child Chiropractic Health Questionnaire

Name _____ Home Phone _____

Address _____ E-mail Address _____

City, State, Zip _____

Birth date _____ Age _____ Grade _____

1. Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office? Friend/Family Member Name _____

☐ Telephone Call ☐ Yellow Pages ☐ Sign ☐ Website ☐ Presentation ☐ E-mail

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? (Please circle) ☐ YES ☐ NO

4. How long was the actual labor and delivery time? _____

5. Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problem? ☐ YES ☐ NO _____

6. 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

7. Did your child have early health challenges such as colic or frequent ear infections? ☐ YES ☐ NO

8. Does your child suffer from any of the following: allergies, sinus problems, bed-wetting, difficulty concentrating, attention deficit disorder? (Please circle)

9. Does your child have other health problems that concern you? _____

_____

10. Do you miss work or sleep often due to your child's illnesses? ☐ YES ☐ NO

11. Do you worry often about your child's health? ☐ YES ☐ NO

12. Do you any have health problems that affect your family? Please list _____

_____

13. 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?

_____

14. Falls, sports impacts and auto accidents can cause serious spinal problems. Is this visit related to an auto accident or injury? ☐ YES ☐ NO Date of Incident _____

15. If the doctor feels that your child will benefit from chiropractic care are you willing to follow his/her recommendations? ☐ YES ☐ NO

16. Would you like to receive our weekly health and wellness newsletter via e-mail? ☐ YES ☐ NO

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

Parent/Guardian Signature_____ Date_____

Welcome to our office! It is well known that families who maintain strong healthy, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop significant health disorders later in life.