

## Pediatric Patient History

Name \_\_\_\_\_ Date \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H.Phone \_\_\_\_\_ W.Phone \_\_\_\_\_ C.Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Has the child ever received Chiropractic Care? \_\_\_\_\_ How were you referred to our office? \_\_\_\_\_

Who is the child's primary/family doctor? \_\_\_\_\_

What is the child's reason for today's visit? \_\_\_\_\_

## Labor and Delivery

-How long was the labor from the first regular contractions to the birth? \_\_\_\_\_ Hours

-How long was the 2<sup>nd</sup> stage (the pushing phase) of the labor? \_\_\_\_\_ Hours

Yes No

( ) ( ) Hospital birth?

( ) ( ) Home birth?

( ) ( ) Midwife assisted?

( ) ( ) Vaginal delivery?

( ) ( ) Planned C-section?

( ) ( ) Emergency C-section?

( ) ( ) Was birth induced (pitocin)?

( ) ( ) Forceps delivery?

Yes No

( ) ( ) Vacuum extraction?

( ) ( ) Anesthesia administered?

( ) ( ) Fetal distress?

( ) ( ) Meconium staining?

( ) ( ) Head presentation?

( ) ( ) Face presentation?

( ) ( ) Breech presentation?

## Baby's Condition Immediately After Birth:

-Apgar Scores at 1 minute \_\_\_\_\_ / 10 at 5 minutes \_\_\_\_\_ / 10

-Baby's Crying baby cried immediately after birth \_\_\_\_\_ cried strongly \_\_\_\_\_ weak cry \_\_\_\_\_ did not cry for \_\_\_\_\_ minutes

-Baby's Color pink all over \_\_\_\_\_ blue face \_\_\_\_\_ blue hands / feet \_\_\_\_\_

-Baby's Activity arms and legs actively moving \_\_\_\_\_ floppy baby \_\_\_\_\_

-Intensive Care was required \_\_\_\_\_ days in Neonatal Intensive Care Unit \_\_\_\_\_

-Medication given at birth \_\_\_\_\_ Vaccines administered \_\_\_\_\_

-Birth weight \_\_\_\_\_ lbs/kgs Birth length \_\_\_\_\_ ins/cms Baby home on \_\_\_\_\_

## Growth and Development

( ) Was the child taught how to care for their spine?

( ) Was the child breastfed?

( ) Childhood illnesses?

( ) Accidents?

( ) Did they fall while learning how to walk?

( ) Did they have other traumas? What? When?

Consent to Treat a Minor Child

I hereby authorize Dr. Christy M. Agren and the staff of Chiropractic Life Center to administer chiropractic care as deemed necessary to \_\_\_\_\_ (child's name).

Guardians Signature Authorizing Care

Date \_\_\_\_\_