
CREECH CHIROPRACTIC

Confidential Pediatric Case History

Last Name: _____ First Name: _____ MI _____

Parent/Guardian Name: _____

Street Address: _____

Home Phone: _____ Parent's Work Phone: _____

Parent's email: _____

Age: _____ Date of Birth: _____ Sex: Male Female

Social Security #: _____

Who can we thank for referring you to our office? _____

Is your child's visit for a wellness check-up or for a specific health problem? Please describe: _____

Are there any specific symptoms? If so, please list and include duration of each symptom: _____

Health History - Prenatal History

Were ultrasounds performed during pregnancy? Y N How many? _____

Medications taken during pregnancy? Y N If yes, please list: _____

Was your delivery induced? Y N Before, after or on the calculated due date?

Was your child at any time during your pregnancy in an intra-uterine constrained or awkward position such as:

Breech Transverse Lie (side lying) Face/Brow Presentation

Other pre-natal position/problems? _____

CREECH CHIROPRACTIC

Type of Delivery: Vaginal C-Section Other _____

Were any of the following used during delivery? Forceps Vacuum Extraction
 Other delivery issues? _____

Any complications during delivery? If yes, explain _____

Location of birth Hospital Birth Center Home Other _____

List any automobile accidents since conception (involving child), including date, where you (and child) were seated, and point of impact: _____

List any of your child's past accidents (including falls, fractures & sports injuries) & dates: _____

List any x-rays your child has had in the past 2 years _____

Chiropractic History

Has your child ever been treated by a Chiropractor before? Yes No

If yes, last Doctor's Name and City/State: _____

Dates of first and last chiropractic visits: _____

Reason you sought chiropractic care? Was your child's problem resolved? _____

Date of last chiropractic x-rays (if applicable): _____

How long were they under care? How frequently were they adjusted?

Are other family members under chiropractic care? Yes No If yes, which family member, and for how long? _____
