



Scan this code for age  
specific health information

Date: \_\_\_\_\_

## ★ Your Child's Social History:

Family Members Living in Home	Relationship to child	Birthdate	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ★ List your child's previous medical clinic(s): \_\_\_\_\_

## ★ Your Child's Birth History:

No | Yes Any complications during pregnancy? No | Yes Any problems after the birth?  
 No | Yes Any complications during labor or delivery? No | Yes Was your child premature?  
 What was your child's birth weight? \_\_\_\_\_ Pounds/ounces

## ★ Your Child's Health:

No | Yes Any hospitalizations? No | Yes Any missed immunizations (shots)?  
 No | Yes Any surgeries? No | Yes Taking any medications currently?  
 No | Yes Any chronic or serious illnesses? No | Yes Any reaction or allergy to a medication?  
 No | Yes Any major injuries? No | Yes Any alternative or complimentary medicine?  
 No | Yes Do you have internet access to view health (Chiropractic, homeopathic, supplements, etc)  
 information from our website?

## ★ Your Child's Nutrition:

No | Yes Any concerns about your child weight or nutrition? No | Yes Does your child only drink well water, bottled,  
 or filtered water? ☐ Fluoride content has  
 been checked

## ★ Your Child's Development:

No | Yes Any problems or delays in development? No | Yes Any behavior or disciplinary problems?  
 No | Yes Any struggles with learning?

## ★ Please give details for any yes answers to the above questions:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_ Provider initials