

# Health History 4 Kids

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ School: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_

Birth: Home: \_\_\_\_ Hospital: \_\_\_\_ Birth Center: \_\_\_\_ Other: \_\_\_\_ Complications? Y / N \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_ Visited Chiropractor Before? Y / N

Vaccination Status: Regular Schedule \_\_\_\_ Alternate Schedule \_\_\_\_ Unvaccinated \_\_\_\_

Would you like more information on vaccination and making an informed decision for your child? Y / N

## Your Health Summary

Past Current

- Headaches
- Migraines
- Dizziness
- Frequent Infections
- Ear Infections
- Sleeping problems
- Diarrhea
- Cold Sweats
- Mood swings
- Behavioral Problems
- ADD/ADHD
- Autism
- Asperger's
- Allergies

Past Current

- Asthma
- Constipation
- Light sensitivity
- Vaccine Injury
- Sinus Infections
- Fainting
- Back pain
- Ringing in ears
- Irritability
- Cold Hands/Feet
- Fever
- Problems urinating
- Neck pain
- Loss of balance

Past Current

- Stomach Upset
  - Emotional Trauma
  - Sports Injury
  - Auto Accident
  - Weight Trouble
  - Heartburn
  - Auto-Immune
  - Anxiety
  - Diabetes
  - Gas
  - Learning Disability
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any medications: \_\_\_\_\_

On a scale of 1-10 with 10 being perfect health, my child's health today is a \_\_\_\_/10. I would like it to be a \_\_\_\_/10.

**Informed Consent:** All health interventions carry some degree of risk, as does lack of intervention. Chiropractic is no different. I understand these risks and give my doctor and the staff permission to proceed with diagnosis, treatment, and recommendations for my child.

\_\_\_\_\_ (Please Initial)

**Privacy:** This office conforms to current HIPAA Guidelines. You may request a copy of our HIPAA policy at the front desk. Please initial to indicate that you have been made aware of its availability:

\_\_\_\_\_ (Please Initial)