PEDIATRIC CONSULTATION

				Today's Date	ı
Current Address:				Male: Female:	
City:	State:	Zip Code: _		Date of Birth:	
Parent/ Guardian Name:			Phone Nu	mber:	
The majority of children have exp What we need to do now is disco		•		rae to become misaligned or sublu	xated.
What was your child's birth li	ke? Easy	Stressful	Complicated	Surgical	
How long was the entire labo	r?	How lo	ong did you ac	tually push for?	
Were you induced? ☐ Yes	□ No Ne	rve block? Yes	□ No	C-Section? ☐ Yes ☐ No	
Was there any pulling on the	head? 🗆 Yes 🗆] No ☐ Mid-	wife OBGYN	☐ Forceps or vacuum extracti	on
After birth, was any chiropra	ctic care given?	☐ Yes ☐ No			
Science has shown that 47% of all	children fall on their i	heads by the age of or	ne and have at lea	nst 200 major falls by the age of 5 year	s old.
When was your child's most r Was any care given? ☐ Yes	ecent fall? No Was he/s	she checked by a	chiropractor f	or subluxation? Yes No	
And the fall before that? Any care given	? 🗆 Yes 🗆 No	Chiropractic adju	ıstment? □ Ye	es 🗆 No	
What sports or recreational a	ctivities does you	ır child do?			
		ain or injury while Chiropractic ad		ctivities? es 🛘 No	
Has your child ever been invo Briefly describe: When/Deta Child seat? Yes Was care given?	ils? No Seat belt?	☐ Yes ☐ No F	ront or back s	eat? 🗆 Yes 🗆 No	
	ne is damaged or su			and traumas. This will help the do	
Does your child have any hea	Ith concerns? []	Yes 🗆 No Wha	t are they?	esent for?	
	If s	so, how long have	they been pre	esent for?	
Subluxated vertebra will cause in	ritation to nerve fibe	ers affecting organs	and tissue leadi	ing to sickness and illness.	
Are there any other condition How long and details?					
Depending on where and the How often does your child ha				re can be constant or occasion	al.
Does your child take multi-vi	tamins regularly?	P Yes No Wh	nat other supp	lements does your child take?	
Please list all medications you	ur child takes:				
Print & Sign Guardian:				Date:	2

T-SCAN X-RAYS c/s t/s 1/s