

Kids Intake Form

Bruce Street Family Chiropractic
81 Bruce St.
Kitchener, ON N2B 1Y7
(519) 743-6339

Symptoms

SYMPTOMS AND ILL HEALTH (PRESENT STATE OF ILL HEALTH)

Years of uncorrected injury or damage show up as acute or chronic symptoms or health problems.

Main purpose for this appointment: _____

Have you tried anything to ease this problem? _____

If you don't get this problem corrected, do you think it will get worse in the next 5 - 10 years? Yes No

On a scale of 1 to 10 (10 being the highest), what is your commitment to getting this problem corrected and improving your child's health? (Circle)



Very Low

Very High

Birth - 4 Years Fall from change table fall down stairs involved in car accident

fall from playground equipment play in a 'Jolly Jumper' frequent ear infections frequent crying spells

frequent fevers frequent bouts of diarrhea constipation colic sleeping problems frequent colds

5 - 12 Years fall from tree fall off bicycle fall from playground equipment hyperactivity sports accident

involved in car accident injury from siblings stomach pain learning disability allergies/ hay fever asthma

Vaccinations tetanus polio measles mumps rubella pertussis hepatitis B diphtheria

haemophilus Influenzae type b rotavirus pneumococcal disease varicella meningococcal disease

influenza human papillomavirus

Reactions to vaccinations? _____

Has your child experienced any of the following? headaches dizziness tinnitus earaches

allergies/ hay fever asthma frequent colds fatigue sleeping difficulties mood changes 'growing pains'

Kids Intake Form

excessive gas/ bloating stomachaches walking problems tingling or numbness

pain

spinal curvature jaw problems fever nervousness/ depression anxiety / fear

Which of the problems that you've checked off are you most concerned about? _____

Is there anything else you feel we should know? _____

By signing here, I verify that the above information is true and accurate regarding my child's health history.

Personal Info

PEDIATRIC CONFIDENTIAL PATIENT HEALTH RECORD

Child's First Name: _____ Child's Last Name: _____

Parents? or Guardians? Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Extended Health Insurance? **yes** **no**

Child's Date of Birth _____

Sex: **M** **F**

Special needs or allergies _____

Height _____ Weight _____

Has your child ever received chiropractic care before? **yes** **no** approximate date of your child's last visit: _____

Doctors name: _____ Child's current medications if any? _____

MD's name: _____

Spinal x - rays taken in the last 12 months? **yes** **no**

How did you hear about our office? _____

ABOUT YOUR HEALTH

Kids Intake Form

The human body is designed to be healthy. Throughout life, events occur which can damage your child's health expression

Our goal is to uncover the layers of injury or damage (especially to your child's nervous system), that result in lowered health.

Following the consultation, the doctor may recommend a specific course of examinations in order to determine whether your child has spinal nerve stress causing interference with inborn health potential.

LOSS OF WELLNESS

Your child's birth process?

Was the delivery: long and/or difficult

forceps vacuum extraction caesarean breech? midwife - assisted home birth hospital birth

APGAR score: _____

Were you given: drugs epidural induced - gel induced - drip

Health Habits?

Did you smoke during pregnancy? yes no

Do you or any family members currently smoke? yes no

Did you drink alcohol during pregnancy? yes no

Did you take medication during pregnancy? yes no

Did you breastfeed? yes no

Does your child exercise regularly? yes no

Kids Intake Form

Sleeping Posture: side stomach back restless

#of pillows: _____ How long does your child sleep per night? _____

Total hrs. Sleep Quality (circle):



Hospitalization?

Has your child ever been hospitalized? yes no

Has your child ever been prescribed antibiotics? yes no

Has your child had any surgeries? yes no

Rate your child's stress level on an average day (circle number):

