chiropractic solutions

An individual approach to your health.

PATIENT INFORMATION- CONFIDENTIAL – Child / Infant

Please complete below as much as possible

Patient name: DOB: Age:

Address:

Parent's names:

Contact details: Home: Work: Mobile:

How did you become aware of this clinic? : Who can we thank for referring you here? :

Chief Complaint:

Pregnancy History

Age of mother at child birth: Previous pregnancies: Number sibling:

Were there any health problems with the mother during pregnancy? Details:

Maternal medication or drug use during pregnancy:

Was there X-ray or Ultrasound exposure during pregnancy?

Baby growth and/or positional issues:

Length of gestation (pregnancy): weeks Type of delivery:

Intervention/medication during labour:

Presentation of infant:

Neonatal History

Was respirator/resuscitation needed? APGAR Scores 1 min: /10 5 min: /10

Birth Weight: Birth Length: Head Circumference:

Length of hospital stay: Medication used:

Vaccination history:

Feeding

Breast, Formula or Both: Name of Formula:_____

Time Taken per feed: mins Frequency of feeding: per day

Attachment problems: Preference for Football hold: Yes or No Fussiness: pulling off / shaking / arching

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Swallow ability: gagging Yes/No **Coughing Yes/No** **Choking Yes/No** **Dribbling Yes/No**

Reflux / Projectile vomit: Yes/No **How often does this occur?** **During / after or between feeds?**

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Other health problems-

Does your child have any history of any of the following problems?

Sleep disturbances:

Mood disturbances:

Skin problems (i.e. Eczema, psoriasis, rashes):

Eyes/Ears/Nose/Throat conditions:

Breathing difficulties:

Cardiovascular (heart):

Gastrointestinal (stomach, digestion):

Genitourinary (urination):

Movement of neck and arms:

Family History of any diseases:

Significant illness:

Trauma:

Other:

Parental/Guardian Consent for Treatment of a minor

I, being the parent or legal guardian of hereby consent to this person receiving examination and treatment in this clinic. I also accept financial responsibility for the minor named above, and agree to pay the fees, which have been explained to me at the time service is rendered.
Initials: Date:

FINANCIAL POLICY: To assist us in reducing our administration costs, we would appreciate payment at the time of consultation. (Cash, Cheque, Credit card, EFTPOS and HICAPS all accepted here).