

Carlson Chiropractic and Acupuncture
A Family Wellness Clinic

Confidential Children's Health Record

Child's Name _____ Date _____

Parents' Name _____

Address _____ City _____ State _____ Zip _____

Phone (c) _____ (h) _____ Childs' DOB _____

SS# (Person responsible for charges) _____

Who can we thank for referring you? _____

Please list your child's health challenge / s (What brings you to our office?):

- _____
- _____
- _____

What "Lifestyle Stresses" have contributed to your child's health challenges?

- Physical stressors (surgeries, auto accidents, sports injuries, bad postures, falls, etc.)

- Chemical stressors (diet, dehydration, refined foods, diesel fumes, etc.)

- Emotional stressors (loss, school, etc.)

- **What medications or supplements is your child currently taking and at what dose?**

Carlson Chiropractic and Acupuncture
A Family Wellness Clinic

Current Health Condition

Check any of the following your child has suffered from in the last 6 months:

Ear Infections Scoliosis Seizures Chronic Colds Headaches Temper Bed Wetting

Asthma/Allergies ADHD Colic Growing Pains Digestive Problems Back Pain

Recurring Fever Tantrums Auto Accidents Other: _____

Childhood Diseases: Chicken Pox Rubella Whooping Cough Mumps Other: _____

Pediatrician: _____ Reason for last visit: _____

Number of antibiotics your child has taken in the last 6 months: _____

Total number of antibiotic uses in your child's life: _____

Complications during birth? _____

Birth Interventions: Forceps Vacuum Extraction C Section Other: _____

Feeding History: Breast Fed – How long? _____ Formula Fed – How long _____

Food/Drink Allergies? _____

Vaccination History _____

Surgeries/Hospitalizations? _____

Have you or anyone in your child's IMMEDIATE family had any of the following conditions:

Heart disease Alcoholism Cancer Back Pain Diabetes

Sleeplessness Diarrhea Headaches Migraines Fatigue

Low blood sugar Constipation Allergies Gas, Bloating

Ear Infections Asthma Anemia Low energy