Coco Chiropractic Wellness

Dr. Stephanie Bonn

Pediatric Patient Introduction

INFANT HEALTH HISTORY QUESTIONNAIRE

Please help us provide you with a complete evaluation by taking the time to fill out this questionnaire carefully. All of your answers will be held absolutely confidential. If you have any questions, please ask. Thank you.

CHILDS NAME:____ Date:___________________________

MOTHERS NAME:_______________________________ PARTNERS NAME:______________________________

Address:__________________________________ City:__________________ Prov:__________ PC:__________

Birth date: ____/____/____ Sex:________ Home #: (______)_______________ Cell #: (______)________________
D M Y

CARE CARD #:_________________________ Email:___________________________________*office records only

How did you hear about us? ____

Birth Weight: ______ Birth Length: ______ Current Weight: ______Current Length: ______ Number of Siblings: _____

Please check the following that apply

Third Trimester Presentation: ___ Vertex ___ Breech ___ Transverse ___ Face/Brow

Type of birth: ___ Normal Vaginal ___ Forceps ___ Cesarean ___ Suction cap/ Vacuum

Location: ___ Home ___ Hospital

Any problems during pregnancy ____

Any problems during labor/ delivery ____

Apgar scores ______ Was Jaundice present at birth (yellow)? ______ Cyanosis (blue)?______

Congenital anomalies/defects? **Y / N** If yes, please explain ____
____

Infant feeding: Breast ___ Bottle ___ If Bottle, which formula? ____

Number of hours sleeping per night ___ Quality of sleep: Good ___ Fair ___ Poor ___

Obstetrician/Midwife ______________ Pediatrician/Family MD ______________

Date of last visit ______________ Purpose ____

Immunization History ____

Number of doses of antibiotics your child has taken: During the past six months ______ During his/her lifetime ______

Has your child ever been treated on an emergency basis? **Y / N** If yes, please explain _________________________
____

Purpose of this appointment ____

Can your child do the following:
Please check the following that apply

_________ Respond to sound _________ Follow an object with his/ her eyes _________ Hold head up

_________ Sit alone _________Crawl _________ Stand _________ Walk alone

Has your child ever suffered from the following childhood diseases:
Please check the following that apply

_________ Chickenpox _________ Mumps _________ Measles _________ Rubella

_________ Rubeola _________ Whooping Cough _________ Other

Has this child ever suffered from:
Please check the following that apply

_________ Headaches _________ Behavioral Problems _________ Poor Appetite _________ ADD/ ADHD

_________ Dizziness _________ Neck Problems _________ Fainting _________ Arm Problems

_________ Stomach Aches _________ Seizures _________ Leg Problems _________ Reflux

_________ Constipation _________ Growing Pains _________ Chronic Earaches _________ Back aches

_________ Diarrhea _________ Sinus Trouble _________ Poor Posture _________ Diabetes

_________Asthma _________ Scoliosis _________ Allergies To _________ Colds/ Flu

_________ Walking Trouble _________ Colic _________ Broken Bones _________Bed Wetting

_________ Other

Has this child ever suffered the following spinal traumas?
Fallen from… Please check the following that apply

_________ Baby walker _________ Fall from bed to couch _________ Skateboard or skates

_________ Crib _________ Swing _________ Bicycle

_________ High chair _________ Slide _________ Down stairs

_________ Change table _________ Monkey bars _________ Other

Has this child ever sustained an injury playing organized sports? **Y / N**
If yes, please explain ____

Has this child ever sustained injuries in an auto accident? **Y / N**
If yes, please explain ____

Surgery ____

Vitamins/Medications____

Family History ____

Is there any other information that can help us care for your child? ____

I hereby authorize and consent to the chiropractic, evaluation and care of my child.

Parent/Guardian Signature: ___________________________________ **Witness** ____

It is a pleasure to welcome you to our family of happy and healthy chiropractic clients. We look forward to working towards optimal health and wellness for you and your family!

"How the twig is bent, so grows the tree"