

Pediatric Intake Form

Please take a moment to answer the following questions that are designed to maximize your child's health. Many types of stress (physical, mental, chemical) can interfere with your child's growing spine and nervous system. Spinal health is an exciting new concept for many people, so please remember to ask questions.

Child's Name _____ **Date of Birth** _____
Parent's Names _____ **Phone #** _____
Address _____

1. Is your child currently benefiting from Chiropractic care Y/N Last Visit _____

2. Please **Circle** Appropriately: Birth Place: Home/ Hospital/ Birth Center
Type: Vaginal/ C-section Procedures: Forceps/ Vacuum Extraction

3. Please list all sports and activities that your child participates in: _____

4. According to the National Safety Council, approximately 50% of infants fall head first from a high place (bed, Changing table, etc) during the first year of life. Has this happened to your child? Y/N If So Please explain Briefly _____

5. Please circle any of the following conditions the your child has suffered from in the last 6 months
Ear Infection Scoliosis Seizures Chronic Colds Head Aches
Asthma/Allergies Digestive Problems ADHD Recurring Fevers
Colic Bed Wetting Car Accident Growing Pains Other _____

6. In the last year has your child taken or is your child currently taking any prescription or over the counter medications? Y/N
If so please list the name of the medication and the reason for its use: _____

7. Has your child been fully vaccinated? Y/N

8. Has your child experienced any adverse reactions to the vaccines? Y/N
If so has the reaction been reported? Y/N
Please list all reactions of your child and other family members? _____

(If you would like more information on vaccination please let your doctor know)

9. Please list any and all concerns you have about your child's health that that have not been addressed yet.

10. Parental Consent: I, _____, give permission for my child,
_____, to be examined by the chiropractors at Oasis Chiropractic.
Signature: _____ Date _____