LAWRENCE FAMILY CHIROPRACTIC

Child Chiropractic Health Questionnaire

Welcome to Our Office! Please answer the following questions.

Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____ Cell Phone _____

E-mail Address _____

Birth date _____ Age _____ Grade in School _____

1. Spinal problems can cause a variety of health problems. Please check the health complaint(s) your child is currently experiencing or experiences on a periodic basis:

❍ Neck Pain	❍ Asthma	❍ Frequent Colds	❍ Skin Problems
❍ Back Pain	❍ Allergies	❍ Spinal Curvature	❍ Chronic Fatigue
❍ Headaches	❍ Sinus Problems	❍ Indigestion	❍ ADD/ADHD
❍ Bedwetting	❍ Ear Infections	❍ Arthritis	❍ _____

2. What is your child's primary health complaint?_____

3. Research shows that spinal problems often begin at birth. How old was your child when they received their first chiropractic checkup? ❍ Never ❍ 0 – 2 years ❍ 2 – 5 years ❍ 5 – 12 years

4. Difficult, long and/or doctor-assisted births can cause spinal misalignments. Was your child born vaginally, by C-section, forceps, suction cup or other device? (Please circle one)

5. How long was the actual labor and delivery time? ❍ 0 – 3 hours ❍ 3 – 12 hours ❍ 12 – 24 hours ❍ > 24 hours

6. Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problem?
❍ YES ❍ NO

7. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your child's posture?
Poor – 1 2 3 4 5 6 7 8 9 10 – Very Good

8. Did your child have early health challenges such as colic, irritability or frequent ear infections? ❍ YES ❍ NO

9. Does your child have other health problems that concern you? _____

10. Do you miss work or sleep often due to your child's illness(s)? ❍ YES ❍ NO

11. Do you worry often about your child's health? ❍ YES ❍ NO

12. Do you any have health problems that affect your family? Please list _____

13. Is your child currently taking prescription medication? ❍ YES ❍ NO If so, how many? _____

14. Falls, sports impacts and auto accidents can cause serious spinal problems. Is this visit related to a fall, sports impact, auto accident or injury? ❍ YES ❍ NO Date of Incident _____

15. If the doctor feels that your child will benefit from chiropractic care are you willing to follow his/her recommendations? ❍ YES ____ ❍ NO _____

16. How will you be paying for today's visit? ❍ Credit/Debit Card ❍ Cash ❍ Check ❍ Other _____

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request, however original x-rays remain the property of the clinic.

Parent/Guardian Signature _____ Date _____