



Bluebird Chiropractic

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ADDITIONAL HEALTH INFORMATION FOR PEDIATRIC PATIENTS
(AGE 6 AND YOUNGER)

Has your child been under medical care? If so, for what condition and how long? _____

Medications and/or supplements: _____

List all accidents/injuries: _____

Surgeries? (include date when performed) _____

Problems during pregnancy? _____

Presentation at birth: (check one) () Vertex () Breech () Transverse () Face or Brow

Problems during labor/delivery? _____

Long delivery? _____ Difficult delivery? _____ Induction? _____

Caesarean delivery? _____ Forceps/vacuum extraction? _____ APGAR Score? _____

What was the most comfortable position to labor in? _____ To deliver in? _____

Congenital anomalies/defects: _____

Name of Obstetrician/Midwife/Family MD: _____

Birth location: (check one) () Home () Birth center () Hospital

Is your child vaccinated? _____

Number of doses of antibiotics taken: Past 6 months _____ In his/her lifetime _____

Is/was your child breastfed? _____ How long? _____

Sleeping posture: (check one) () Side () Back () Stomach

Difficulty eating/ keeping food down? _____ Special diet/food restrictions? _____

List your child's favorite foods that are frequently eaten: _____

How much does your child consume of the following (please note the amount/servings per day/week) :

_____ Pop _____ Juice _____ Water _____ Sweets _____ Vegetables

Patient's Name

Patient's age

Parent or Guardian's signature

____/____/____
Date