

Pediatric New Patient Application

Today's Date _____

Doctor: Rob Coombs, DC

Coombs Chiropractic welcomes you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family feel more comfortable. To help us serve you better, please complete the following information. We look forward to working with you to build better health for your family.

Patient Name: _____ Preferred Name: _____ Birth Date: _____

Age: _____ Sex: _____ Weight: _____ lbs/oz. Height: _____ Developmental Status: Early /On time /Late /Concerned

Describe your child's birth: Vaginal Induced Forceps Vacuum Extraction C-Section Involved pain medication
 Required fetal monitor Limited ability to walk around

Names of Parents / Guardians: _____ Marital Status: M / S / D / W

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Emergency contact name/number: _____

Name of anyone else who may bring your child for adjustments: _____

Child's favorite hobbies or interests: _____

Whom may we thank for referring you? _____

Previous Chiropractor's name & address: _____

Date of child's last visit to Chiropractor: _____

Chiropractic techniques your child has had success with: _____

Pediatrician: _____ Address/phone: _____ Date of last visit: _____

Family Doctor: _____ Address/phone: _____ Date of last visit: _____

Reason for last visit: _____

What goal would you like to achieve for your child with his/her care in our office:

Mark all areas of Health Concerns:

Health reasons for consulting our office / onset date:

1. _____ / _____

2. _____ / _____

3. _____ / _____

Has your child ever had the same or similar condition(s)? Yes No

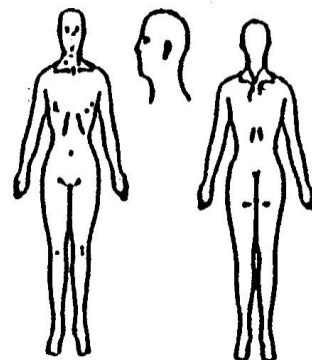
If yes, when and describe: _____

Impacting: ___ Sleep ___ Appetite ___ Concentration ___ Posture ___ ROM

Days lost from school: _____

Activities impacted: _____

Do you have any other family members with the same problem(s) that can benefit from chiropractic care?



Did Mom have any health problems while pregnant with this child? _____

How many months did the child nurse? _____ Was the child vaccinated? No / Some / All mandatory shots

Has your child ever been prescribed antibiotics? When and for what? _____

Has your child ever been prescribed any medications? When, what and for how long? _____

What have you heard about Chiropractic care for children? _____

Do you know what a subluxation is? If yes, please describe: _____

Check any of the following conditions your child has suffered from:

- | | | | | |
|---|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Headaches | <input type="checkbox"/> Colic | <input type="checkbox"/> Chronic Colds | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma / Allergies | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> ADHD | <input type="checkbox"/> Recurring Fevers | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Growing / Back Pains | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Car Accident | <input type="checkbox"/> Other _____ |

Family History of above conditions: _____

What daily rituals for spinal health does your family presently practice? _____

Describe your child's diet for a typical week: _____

Describe your child's exercise for a typical week: _____

Name of Insurance Company _____

Policy holder's name: _____ Policy holder's DOB: _____/_____/_____

**WE ARE HERE FOR YOU IN SICKNESS AND IN HEALTH AND ENCOURAGE YOU TO ASK QUESTIONS.
YOUR PARTICIPATION IS VITAL AND WILL HELP DETERMINE YOUR CHILD'S RESULTS.**

AUTHORIZATION FOR CARE OF MINOR

I hereby authorize Dr. Robert Coombs to administer care to my child as he deems necessary. I clearly understand and agree that I am personally responsible for payment of all fees, to this office, that are not paid for by my Insurance Company.

Signed: _____ Date: _____

