The Spinal Garage 1615 Highland Rd W, Kitchener, Ontario N2N 3K5

CONFIDENTIAL PEDIATRIC CASE HISTORY

Child's Name:	Date:
Address:	
City:	Postal Code:
Home Phone: () Ag	Sex ge: Birth date: (d)(m)(yr) M F
Mother's Name:	Father's Name:
Mother's Work Phone:	Father's Work Phone:
Birth Weight: Current Weight:	Who referred you to this clinic:
Has this child ever received chiropractic care before? ☐ yes ☐ no	Spinal x-rays available? ☐ yes ☐ no If yes when taken:
No. of Siblings: What are their names/ag	ges?
ABOUT YOUR HEALTH The human body is designed to be healthy. Throughout life, events occur which damage your health expression. The case history will uncover the layers of damage, especially to your nervous system, that have resulted in poor health. Following your consultation the chiropractor may outline a course of examinations in order to determine whether you have nerve stress and interference with your innate health potential. LOSS OF WELLNESS Let's begin at birth when your child first damaged their nervous system, lost their wellness and began their journey to ill health. Please check the appropriate answers: Child's birth process Was your delivery: long and/or difficult forceps vacuum extraction caesarean breech a lot of pulling? Was mother given: drugs epidural induced? Difficulties during pregnancy? Growth and development No. of doses of antibiotics since birth? yes no Has your child taught how to care for their spine? yes no Has your child ever been yanked by the arm? yes no Did they ever fall out of bed/down the stairs/off change table? yes no Did your child: crawl on hands/knees bum crawl What age did they start to walk? yes no Did your child fall a lot while learning to walk? yes no Any high impact sports? (ie: soccer, football, gymnastics, baseball, cheerleading, figure skating, horseback riding, martial arts, etc)?	
Current Health Habits Do parents smoke? Do you drink bottled or filtered water? Does your child go to the dentist for regular che Sleeping posture:	
How many pillows do they sleep on? How many hours of sleep does your child get po	er night? Quality of sleep?

SYMPTOMS AND ILL HEALTH (PRESENT STATE OF ILL HEALTH)

Finally, the years of continuing damage can show up as acute or chronic symptoms. Purpose of this appointment: spinal check up maintain wellness specific concern: Has another doctor/therapist treated this problem? At its worst, this problem interferes with: hobbies/sports family or social time school If you don't get this problem corrected, do you think it will get worse in the next 5 years? \(\sqrt{} \) yes \(\sqrt{} \) no On a scale of 1 to 10 (10 being the highest), rate your commitment to correcting this problem. 1 2 3 4 5 6 7 8 9 10 Very Low Moderate Very High "The spine is the most neglected part of children's health." Do your children get earaches, headaches, allergies, frequent colds (more than 3 per year), growing pains, asthma, bronchitis or any other problems? _____ Please check any body signals that are causing a problem presently or in the last year. ¬ headaches blurred/failing vision ☐ back pain pain between shoulders deafness/ear ring fever fainting/dizziness pain or numbness in arms, hands, earaches/infections loss of sleep legs or feet sore throat/hoarseness cold hands or feet loss of weight loss of smell or taste convulsions/seizures arthritis/swollen joints/bursitis difficulty swallowing thyroid problems nervousness spinal curvature poor concentration/memory black/bloody stools frequent colds/flu's changes in bowels or bladder habits chest pain sinus infections high/low blood pressure appetite changes asthma stroke excessive thirst allergies difficulty breathing/cough constipation/diarrhea/IBS kidney infections/stones problem with urination/accidents nausea/vomiting jaundice all bladder trouble blood in urine ulcer belching or gas colitis/Crohn's heartburn hemorrhoids neck pain/stiffness INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE Physicians, Chiropractors, Osteopaths and Physiotherapists are required to advise patients of the remote risk of correctional strain, fractured rib, and the side effects of drugs(ie blood thinners). Tests, with or without x-rays will be performed on you to minimize this risk to yourself. Chiropractic is considered to be one of the safest and most effective forms of care for neck conditions. If you have any questions about this, please ask your chiropractor. **Authorization for care of minor:** I have read the above statement and consent to an examination, x-rays and/or care if necessary for my minor child. Signature of Parent/Guardian: _____ Date Signed:_____ Witness: