WASHINGTON PARK
CHIROPRACTIC
heal thrive evolve

Child History- 3 years to 11 years

Health History

Yes No

❒ ❒ Does your child ever complain of back or neck pain? _____

❒ ❒ Pain in the legs or arms? _____

❒ ❒ Asthma? _____

❒ ❒ Headaches? _____

❒ ❒ Is your child allergic to anything? _____

❒ ❒ Has your child had any ear infections? At what age did each infection occur? _____

_____

❒ ❒ Which side does your child's ear infections normally occur? ❒ Right ❒ Left ❒ Both

❒ ❒ Has your child had any other illnesses? Please list each illness and approximate date: _____

_____

❒ ❒ Is your child presently receiving any medications? _____

_____

❒ ❒ Has your child ever been to a hospital or emergency room? _____

❒ ❒ Has your child been vaccinated? If yes, ❒Regular Schedule ❒ Delayed Schedule

❒ ❒ Do you have any other concerns about your child's health? _____

_____

Nutrition

Yes No

❒ ❒ Do you have any concerns about your child's diet?_____

❒ ❒ Does your child have any food allergies?_____

❒ ❒ Have any persistent or intermittent skin rashes? _____

❒ ❒ Is your child receiving any vitamin supplements? _____

❒ ❒ Does your child have a bowel movement each day?_____

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Trauma

Yes No

❒ ❒ Has your child had any recent falls or trauma? _____

Describe the trauma and date it occurred: _____

_____

❒ ❒ Has your child ever fallen from a bicycle, skateboard, scooter, rollerblades or similar?

❒ ❒ Ever fallen down stairs or from a significant height? _____

❒ ❒ Ever had a bone fracture or joint dislocation? _____

❒ ❒ Ever had any other trauma or injuries? _____

About your child's lifestyle:

What grade in school? _____

How does your child carry their school supplies? _____

Is your child right or left handed? _____

What sports do they play? What position? _____

How many days/how long does your child practice each sport? _____

_____

Have they had any injuries from playing sports? _____

What hobbies do they have? _____

How many hours do they watch television each day? _____

How many hours do they use devices each day? _____

How often do they play video games each day? _____

How many hours of sleep do they get each night? _____

Do they have trouble reading or paying attention at school? _____

Do they wear glasses or contacts? _____