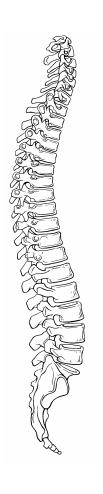


Welcome to our office! It is well known that families who maintain strong healthy, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes, even cancer.



Child Chiropractic Health Questionnaire

Name	Home Phone
Address	Cell Phone
City, State, Zip	
Birth date Age	Grade
E-mail Address	
Parent/Guardian	Cell Phone
Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office? Friend/Family Member Name □ Telephone Call □ Yellow Pages □ Sign □ Website □ Presentation □ E-mail	
2. Research shows that spinal problems often begin at birth. How old was your child when they received their first chiropractic checkup? □ Never	
3. Difficult, long and/or doctor-assisted births can do born by C-section, forceps, suction cup or other dev	
4. How long was the actual labor and delivery time	?
5. Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problem? ☐ YES ☐ NO	
6. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your child's posture? Poor - 1 2 3 4 5 6 7 8 9 10 - Excellent	
7. Did your child have early health challenges such as colic or frequent ear infections? □YES □NO	
8. Does your child suffer from any of the following: allergies, sinus problems, bed-wetting, difficulty concentrating, attention deficit disorder? (Please circle)	
9. Does your child have other health problems that concern you?	
10. Do you miss work or sleep often due to your child's illnesses? ☐ 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. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications is your child currently taking?	
14. Falls, sports impacts and auto accidents can cause serious spinal problems. Is this visit related to an 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. Would you like to receive our monthly health an	nd wellness newsletter via e-mail? ☐ YES ☐ NO
The above information is true and accurate to the b	est of my knowledge.
Parent/Guardian Signature_	Date

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