

Today's Date: ___/___/___ **Child Health Profile** (Fill out with help of parent)

Child's Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Mobile Phone: _____ Work Phone: _____ Home Phone: _____

I prefer to be contacted via: Text Message Email Phone Call

How did you discover us (who referred you)? _____

Who is helping you fill out this paperwork? _____

Part I: Your Health Concern

1. Please tell us about physical, emotional and psychological concerns. _____

2. *When* and *how* did this situation or concern begin? _____
3. Did it appear over time or immediately? _____
4. Does anyone in your family have this same or similar problem? Who? _____
5. What has this issue changed about your life? _____
6. If this condition or symptom were to go away tomorrow, what would be different about your life? _____
7. Is there any time of day where this concern is *worse* or *more noticeable*? _____
8. How does it interfere with: Your schooling? _____
 - House duties? _____
 - Hobbies? _____
 - Social life? _____
 - Affect other people? _____
9. Is there any activity where the problem is better or you almost totally *forget* about this condition, symptom, or concern? _____

Part II: General Health and Social History

1. Explain the birth process (natural delivery, cesarean, home/hospital, forceps, vacuum, failure to thrive, etc.) _____
2. Have you received the full vaccination schedule so far (up to current age)? Yes No
3. Have you been given any medical diagnosis? (ADHD, Aspergers, autism spectrum, etc.) _____
4. Are you on any medications? For what? _____
5. Has your spine ever been professionally cared for by a doctor of chiropractic? Yes No
 - a) By whom and when? _____ Number of Years Under Care: _____
6. How often do you get sick? (cold, flu, digestion issues, etc.) _____
7. Have you ever injured your spine, neck, head, back, or hips? *When?* _____
 - a) What happened? _____
8. Have you broken any bones or significantly sprained any part of your body? Please explain: _____

Please turn over to complete...

Part II: General Health and Social History (continued)

- 9. Been involved in any motor vehicle accidents? Please explain: _____

- 10. Have you had any surgeries? Please explain: _____

- 11. When stressed, how do you “center yourself” or “regroup”? _____

- 12. What type of schooling? (Public, Christian/Catholic, charter, homeschool, etc.) _____
- 13. Do you enjoy school? Yes No Sometimes Why or why not? _____

- 14. Do you play sports? Which? _____

Part II: Family History

- 1. What are the ages and health statuses of your siblings? _____

- 2. What health practices does the family use? (exercise, clean eating, meditation, breath work, homeopathy, etc)

- 3. What do mom and dad do for a living? _____

- 4. Is there a lot of stress with family life? Please describe: _____

Is there anything we have missed or left out that you would like to add? _____

Thank you for being thorough.