

Pediatric's Health History

CARUSO CHIROPRACTIC CLINIC

We are pleased to welcome you to our practice. To save time and allow us to better serve you, please complete all the information required. If you have any questions, we'll be happy to help.

1. Name (Last, First, Middle Initial)		2. Social Security #		3. Age		4. Date of Birth	
5. Sex M F		6. Address City		State		Zip	
7. Telephone #		8. Name of Father		9. Any Health Problems		10. Name of Mother	
11. Any Health Problems		12. # of Brothers & Sisters		13. Name(s) & Age(s)		14. Any Health Problems	
15. Name of Person Responsible for this Account		16. Any Health Insurance Yes Company's Name: No					
17. Any Previous Chiropractic Care Yes Where? No		18. Name, Location & Telephone # of Pediatrician/Family Doctor					
19. Birth Weight		20. Birth Length		21. Type of Birth Vaginal (Normal) Forceps Breech Cesarean At Home In the Hospital			
22. Any Difficulties during Labor/Delivery		23. Any Difficulties during Pregnancy					
24. Referred by		25. APGAR Score		26. Quality of Sleep Good Fair Poor		27. # of Hours of Sleep	
28. Vaccinations Hepatitis B Polio Others DPT MMR None		29. Any Breastfeeding Yes How Long? No					
30. Has He/She Ever Had Any Accidents, Injuries, or Major Falls? Yes No		Month, Year		Type		Describe Injury	
31. Has He/She Ever Had Any Surgery? Yes No		Month, Year		Type		Describe Injury	
32. Is He/She Currently Taking Any Medications or supplements? Yes No		Name		Dosage		Reason for Taking It	

Current Condition

1. Purpose of the Appointment: Please Briefly Describe the Primary Complaint

2. When Did the Symptoms Begin?

3. Are the Symptoms Getting

Worse

Better

Same

Doctor's Use Only

Health History

Check any of the following conditions that the child has had in his/her life.

AIDS/HIV	Digestive Problem	Liver Problem	Poor Appetite
Allergies	Discolored Urine	Loss of Taste	Rheumatic Fever
Anemia	Dizziness/Fainting	Lung Problem	Rubella
Asthma	Earache/Infections	Measles	Rubeola
Back Pain	Excessive Thirst	Mental Problem	Seizure/Convulsion
Bed Wetting	Eye/Vision Problem	Mononucleosis	Shortness of Breath
Behavioral Problem	Frequent Colds/Flu	Multiple Sclerosis	Sinus Problem
Cancer/Tumors	Genital Problem	Mumps	Skin Problem
Chronic Cough	"Growing Pain"	Nausea/Vomiting	Swellings
Colic	Hayfever	Neck Pain	Throat Problem
Congenital Anomaly	Headaches	Smelling Problem	Thyroid Problem
Constipation	Hearing Problem	Paralysis	Tuberculosis
Diabetes	Heart Problem	Pinched Nerve	Urinary Problem
Diarrhea	Hyperactivity	Pneumonia	Walking Problem
Difficulty Sleeping	Juvenile Arthritis	Polio	Whooping Cough

Family History

Check the following family members that had any of the diseases mentioned above.

Father: _____

Mother: _____

Uncles/Aunts: _____

Grandparents: _____

Developmental History

Please tell us at what age did your child

Respond to Sound: _____

Crawl: _____

Follow an Object with Eyes: _____

Stand: _____

Hold Head up: _____

Walk Alone: _____

Sit Alone: _____

Talk: _____

Authorization & Consent for Treatment and X-ray

I certify that I have read, understood, and answered the above information to the best of my knowledge. I understand that providing incorrect information can be dangerous to my child's health. I authorize Caruso Chiropractic Clinic to release any information concerning this condition to any insurance company, attorney, or health practitioners. I authorize direct payment to you for any sum that I owe now or in the future, from any insurance company that is obligated to reimburse me for charges incurred in your office. A photocopy of this form is acceptable for payment. I agree to be responsible for payment of all services rendered on my behalf or my dependents, and pay it within a 90 day period. X-ray negatives will remain the property of this office, and could be seen at any time while the person is still a patient at this office. I hereby authorize Dr. Sam Caruso, and whomever he may designate as his assistants, to administer treatment to me or my dependents as he so deems necessary.

SIGNATURE OF MINOR'S PARENT OR GUARDIAN

WITNESS

DATE