

CHILDREN'S CASE HISTORY

| Child's Name | Birthdate | Sex |
|---|--|---|
| Address | City | Zip |
| Parents' Names | | |
| Parent's Home Phone | Work Phone | |
| Email | | |
| Siblings and ages | | |
| Who referred you to our office? | | |
| | CAUSE | |
| nervous system. The healthy fun | be healthy. The primary system in the boction of every cell, every system, every or s of the skull and vertebrae of the spine h system. | rgan is dependent upon the integrity |
| interference and damage to this | he present, events have occurred in your of s delicate system. Physical, emotional, and t in misalignment and damage to the spin the Vertebral Subluxation Complex. | d chemical stresses common to our |
| • | ses of Vertebral Subluxation which interf m and therefore impair your child's inbor | 2 |
| VERT | TEBRAL SUBLUXATION ASSES | SMENT |
| | Doctor of Chiropractic? ☐ Yes ☐ No Who?☐ No Who is your regular pediatrician? | |
| 2. Experts around the world agree: the to the infant. | birth process as we know it may cause extensive n | eurological trauma, damage and even death |
| • Did you have ultrasound during th | is pregnancy? 🗆 Yes 🗆 No 🛮 Frequency | |
| • Place of birth: Home Birthing | g Center 🖵 Hospital | |
| • Provider: 🗆 Midwife 🗅 OB-Gyn 🛭 | 🕽 Other | |
| •Type of Birth: ☐ Vaginal ☐ C-sect | ion. Was anesthesia used? 🗆 Yes 🗀 No Typ | e |
| Was labor induced? □ Yes □ No I | If yes, why? | |
| • What position did you deliver in: \Box | 🛘 Squatting 🗖 On Back | |

| \bullet Birth Trauma: \Box Doctor assisted \Box Twisting, Pulling \Box Vacuum Extraction \Box Forceps |
|---|
| • Newborn trauma (medical procedures and tests) |
| 3. Did you breast-feed your child? ☐ Yes ☐ No How long? |
| Was your decision supported by your health care provider? \square Yes \square No |
| Repeated studies are now informing us breast-feeding develops strong and healthy immune, neurological, and digestive systems. |
| 4. According to the National Safety Council approx. 50% of infants have fallen onto their heads during their first years of life. Another study reveals 250,000 children are injured in playgrounds annually. Can you recall any such jolts, falls or |
| traumas to your child? □ Yes □ No |
| Please Describe: |
| Any fractures or dislocations? |
| 5. Which sports does your child play? ☐ Soccer ☐ Football ☐ Gymnastics ☐ Karate ☐ Hockey ☐ Lacrosse ☐ Basketball ☐ Dance ☐ Wrestling ☐ Baseball ☐ Other_ |
| |
| 6. Other than the 5 hours per day spent sitting in the classroom, does your child spend additional prolonged time sitting? □ Yes □ No Is it in front of a □ computer or □ TV? |
| 7. How would you rate your child's diet? ☐ Excellent ☐ Good ☐ Fair ☐ Below Average ☐ Very Poor Does your child consume artificial sweeteners? ☐ Yes ☐ No Fluoridated water? ☐ Yes ☐ No |
| 8. Check any of the following conditions your child has suffered from: \square Colic \square Irregular Sleeping Patterns \square Night |
| Terrors \square Seizures \square Tantrums \square Ear Infections \square Allergies \square Asthma \square Headaches \square Poor Digestion \square Repeated |
| Infections or Colds, \square Bed Wetting \square Learning Disorders \square Emotional Disorders \square ADD \square ADHD |
| □ Other |
| 9. How often has your child been treated with drugs? |
| Were you informed of their adverse reactions? \square Yes \square No |
| If it was an antibiotic, was your child cultured for its use? \square Yes \square No |
| Is your child currently on any medications? □ Yes □ No |
| If yes, please list |
| Any surgeries? Yes No |
| If yes, please list |

CORRECTION

Today, we are becoming more aware, how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and the immune system function. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

AUTHORIZATION FOR CARE OF A MINOR

| I hereby authorize Dr | to administer care as deemed necessary to my son/daughter. | |
|-----------------------|--|--|
| Signed | Date | |
| Witnessed | Date | |