Spine in Motion CHIROPRACTIC

PEDIATRIC CONSULTATION

Child's Name _____ Date _____

The majority of children have experienced hundreds of impacts that could cause vertebrae to become misaligned or subluxated. What we need to do now is discover several of the traumas your child has suffered.

What was your child's birth like? Easy/Stressful/Complicated/Surgical

How long was the entire labor? _____ How long did you actually push for?_____

Were you induced? ☐ Yes ☐ No Nerve block? ☐ Yes ☐ No C-Section? ☐ Yes ☐ No

Was there any pulling on the head? ☐ Yes ☐ No ☐ Mid-wife OBGYN ☐ Forceps or vacuum extraction

Science has shown that 47% of all children fall on their heads by the age of one and have at least 200 major falls by the age of 5 years old.

When was your child's most recent fall? _____

Was any care given? ☐ Yes ☐ No Was he/she checked by a chiropractor for subluxation? ☐ Yes ☐ No

And the fall before that?_____

Any care given? ☐ Yes ☐ No Chiropractic adjustment? ☐ Yes ☐ No

What sports or recreational activities does your child do? _____

When was your child's most recent stress, strain or injury while doing these activities?_____

Any care given? ☐ Yes ☐ No Chiropractic adjustment? ☐ Yes ☐ No

Has your child ever been involved in a motor vehicle accident as a passenger? ☐ Yes ☐ No

When/Details? _____

Child seat? ☐ Yes ☐ No Seat belt? ☐ Yes ☐ No Front or back seat? ☐ Yes ☐ No Was care given? ☐ Yes ☐ No

Chiropractic adjustment? ☐ Yes ☐ No

This information is important. Thank you for explaining your child's history of accidents and traumas. This will help the doctor better understand where the spine is damaged or subluxated. What we need to do now is ask you a few questions regarding your child's current health concerns.

Does your child have any health concerns? ☐ Yes ☐ No What are they? _____

If so, how long have they been present for?_____

Subluxated vertebra will cause irritation to nerve fibers affecting organs and tissue leading to sickness and illness.

Are there any other conditions you child is or was experiencing? ☐ Yes ☐ No

How long and details? _____

Depending on where and the degree of the subluxated vertebra, nerve pressure can be constant or occasional.

How often does your child have this condition(s)?_____

Does your child take multi-vitamins regularly? ☐ Yes ☐ No What other supplements does your child take?

_____

Please list all medications your child takes: _____

Signature Parent or Guardian:_____Date:_____