Child's Health History

CHILD'S PERSONAL DATA

Today's Date: _____

Name: _____

Age: _____ Date of Birth: _____ Gender: ____ M ____ F

Home Address: _____

City: _____ State: _____ Zip: _____

Names & Ages of Siblings: _____

Parent A	Parent B
Name: _____	**Name:** _____
Home phone: (_____) _____	**Home phone:** (_____) _____
Cell phone: (_____) _____	**Cell phone:** (_____) _____
Email: _____	**Email:** _____

What concerns do you feel Dynamic Chiropractic can address for your child?

HEALTH CARE PRACTITIONER HISTORY

Has your child ever received chiropractic care? ❑Y ❑ N

Name of D.C. _____

Reason_____

PREGNANCY & BIRTH

The birth process can be traumatic to a baby's spine and cause interference to the nervous system

During pregnancy did the mother:

Experience any illnesses, difficulties, or trauma? ❑Y ❑ N List:

Take any drugs/medications? ❑Y ❑ N List:
Smoke or consume alcohol? ❑Y ❑ N List:

Was the delivery premature? ❑Y ❑ N Weeks: _____

Approximately how long did labor last? _____ hours

Was labor artificially induced? ❑Y ❑ N

Was the child in a breech position (butt down) or otherwise mispositioned? ❑Y ❑ N

Please check where the child was born & if any of the following were administered during labor and birth.

❑ Home birth ❑ Hospital ❑ Vaginal ❑ Water birth ❑ Caesarean
❑ Epidural ❑ Forceps ❑ Vacuum ❑ Medications _____

PHYSICAL STRESS: INFANCY & CHILDHOOD

Please check all that apply to your child and give any necessary details:

- ❑ Has fractured a bone or dislocated a joint
- ❑ Has been hospitalized
- ❑ Had a severe trauma or concussion
- ❑ Has had surgery
- ❑ Has had chronic illness
- ❑ Digestive Issues

❑
❑
❑

What physical activities does your child participate in?

Thank you for choosing Dynamic Chiropractic!

Finances

Payment in full is expected on all FIRST VISIT services.

First Visit Fees: Comprehensive Exam: $80 Follow-up visit: $30

Insurance companies do not typically deem it medically necessary for children to see chiropractors on a maintenance schedule. With this, we cannot ensure your insurance company will cover chiropractic care for your child even though your child is covered medically. All chiropractic services on children under 16 will be paid for in cash only.

The information I have provided on this case history form is true and accurate to the best of my knowledge. I give Dr. Stephanie Scarpa and Dr. Kaleb Hebert permission to render care to my child today. This initial visit includes a health history consultation, chiropractic exam and evaluation, and any initial care that is determined to be clinically necessary and mutually agreed upon.

Child's Name: (printed) _____

Parent or Legal Guardian's Name: (printed) _____

Signature: _____ **Date:** _____