

LENTINI CHIROPRACTIC PEDIATRIC CASE HISTORY

Date ___/___/___ Child's Name _____ Date of Birth ___/___/___

Age ___ Sex M/F Child's Soc. Sec. # _____ Mother _____

Address _____ Zip _____ Father _____

Birth weight ___ Current weight ___ Birth Length ___ Current Length ___ # Siblings ___

Birth History:

Delivery: ___ Natural ___ Drug Induced ___ Drug Assisted ___ C-Section ___ Hospital ___ Home Labor: ___ 0-2 hours ___ 2-6 Hours ___ 6-12 hours ___ 12 + Hours

Any Complications: ___ Abnormal Birth Position (what?) _____ ___ Forceps Delivery ___ Vacuum Extraction ___ Spinal Anesthesia (Epidural) _____ Other _____

Congenital Abnormalities? Y/N What type? _____

APGAR Scores: _____ Was the child ___ Jaundiced (yellow), ___ Cyanotic (blue) at birth?

Infant Feeding: ___ Breast ___ Bottle What kind of Formula? _____
of hours sleep per night: ___ Quality of sleep: ___ Good ___ Fair ___ Poor

Pediatrician _____ Address _____

Immunization History: _____

Health History:

___ Colic ___ Ear Problems ___ On Antibiotics? ___ How Many times? ___ Sleep Problem

Falls: _____ Accidents: _____ Surgery: _____

Complaints: _____

Behavior at Home: _____

School Performance (if applicable) _____

Purpose of this visit: _____

When did it start? _____ Did anything cause it? _____

What helps? _____ What makes it worse? _____

Has the child been treated or is under treatment for this condition? Yes / No

What type of treatment? _____

Consent to Examine and, if necessary, to treat a Minor

I authorize the Doctor to examine, take x-rays (if clinically necessary to further the diagnosis) and treat (if necessary) my child.

Parent / Legal Guardian Signature _____

Print your name _____

Payment Today

(Please Check)

0 Cash 0 Check

0 MC / Visa 0 Insurance

Childs Name: _____

DEVELOPMENTAL HISTORY:

AT WHAT AGE DID THE CHILD:

_____ RESPOND TO SOUND
_____ FOLLOW AN OBJECT WITH HIS/HER EYES
_____ HOLD HEAD UP _____ SIT ALONE
_____ CRAWL _____ STAND _____ WALK ALONE

CHILDHOOD DISEASES:

_____ CHICKENPOX _____ RUBELLA _____ MUMPS _____ RUBEOLA
_____ MEASLES _____ WHOOPING COUGH _____ OTHER: _____

HAS THIS CHILD EVER SUFFERED FROM: (please circle)

- | | |
|----------------|---------------------|
| Dizziness | Backaches |
| Diabetes | Tuberculosis |
| Arthritis | Headaches |
| Neuritis | Digestive Disorders |
| Anemia | Rheumatic Fever |
| Poor Appetite | Hyperactivity |
| Bed Wetting | Convulsions |
| Fainting | Walking Problems |
| Neck Problems | Arm Problems |
| Joint Problems | Blood Disorders |

PRESENT HISTORY (please circle)

- | | |
|---------------------|------------------------|
| Heart Trouble | Hypertension |
| Asthma | Sinus Trouble |
| Orthopedic Problems | Sugar Concentration |
| Paralysis | Broken Bones |
| Leg Problems | Stomach Aches |
| Chronic Earaches | Colds / Flu |
| Allergies | Constipation /Diarrhea |
| Behavioral Problems | Muscle Jerking |
| Ruptures / Hernias | "Growing Pains" |

Other?

FAMILY HISTORY: _____