

# CHIROPRACTIC HEALING HANDS

## PEDIATRIC CONSULTATION FORM

Today's Date \_\_\_\_\_  
Child's Name \_\_\_\_\_ D. O.B. \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Please circle the answers to the following questions regarding your child's birth:**

Were you induced? Y N      Nerve Block? Y N      C- Section? Y N  
Was there any pulling on the head? Y N      Forceps or vacuum extraction used? Y N  
How long was the entire labor? \_\_\_\_\_ How long did you actually push? \_\_\_\_\_

**47% of all children fall on their head by the age of one and they have at least 200 more falls by the age of 5 years old.**

When was your child's most recent fall? \_\_\_\_\_  
Was any care given? \_\_\_\_\_ Was s/he checked by a chiropractor? \_\_\_\_\_  
And the fall before that? \_\_\_\_\_ Any care given? \_\_\_\_\_  
What sports/recreational activities is your child involved in? \_\_\_\_\_  
When was his/her most recent stress, strain or injury while doing these activities?  
\_\_\_\_\_

Any care given? \_\_\_\_\_  
Has your child been involved in a motor vehicle accident as a passenger? \_\_\_\_\_  
Please describe briefly \_\_\_\_\_  
Any treatment received? \_\_\_\_\_ Chiropractic? \_\_\_\_\_

**Subluxated (misaligned) vertebrae can cause irritation to different fibers within nerves. These can affect any organ or tissue, causing health conditions now or in the future.**

Do you believe your child experiences any health conditions due to misaligned vertebrae? (Please keep in mind that conditions caused by subluxated vertebrae are *not* limited to the spine itself.) Y N

If yes, please explain \_\_\_\_\_

Does your child have any past health complaints? \_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_ If yes, please list \_\_\_\_\_

**Symptoms caused by nerve pressure can be constant or occasional. Depending on the type and degree of the subluxated (misaligned) vertebrae, your child may show signs of experiencing nerve pressure.** Does your child show symptoms of nerve pressure? \_\_\_\_\_ If so, how often does this happen? \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_