Pediatric Health Questionnaire

31 Navaho Avenue, Mankato Chiropractic- Mankato, MN Date_____

Childs Name_____ Date of birth:_____ Age_____

Mothers Name_____ Father's Name_____

Presents for evaluation of: _____

_____

When did this begin? _____

Is it getting: better Worse Not changing

Complete if your child is zero-2 years old

Third trimester presentation: ____ Vertex ____ Breech ____ Transverse ____ Face/Brow

Problems during pregnancy: _____

Type of birth: ____ Normal Vaginal ____ Forceps ____ Cesarean ____ Suction cap or Vacuum

Problems during delivery_____

How long were you in labor?_____ How long did you push? _____ Apgar Scores: _____ _____

Was there jaundice (yellowing) at birth? Yes or No Was there cyanosis (blueness) at birth? Yes or No

List any congenital anomalies/defects: _____

Infant feeding: _____ Breast ____ Bottle If bottle which formula(s)? _____

Number of hours sleeping per night _____ Number of wet diapers per day _____

Number of bowel movements per day _____ color/consistency _____

Does he/she have a preference in position? _____

At what age did your child :

Respond to sound _____ Follow an object with their eyes _____ Hold up head _____ Sit alone _____

Crawl _____ Stand _____ Walk _____

Complete for all Children

Pediatrician/ Family M.D. _____ _____

Date of last visit: _____

Immunization History: _____

Number of Antibiotic prescriptions in the last six months _____ During his/her lifetime _____

List any known allergies your child may have: _____

Has he/she ever seen a chiropractor before? Yes or No if yes who?_____

Has your child ever suffered from:

☐ Headaches	☐ Sinus problems	☐ constipation	☐ Orthopedic problems
☐ Dizziness	☐ Asthma	☐ Diarrhea	☐ Neck problems
☐ Fainting	☐ Colds/ Flu	☐ Diabetes	☐ Arm problems
☐ Seizures/ Convulsions	☐ Colic	☐ Hypertension	☐ Leg problems
☐ Heart problems	☐ Digestive disorders	☐ Bed wetting	☐ joint problems
☐ Chronic Earaches	☐ stomach aches	☐ ADD/ ADHD	☐ back ache
☐ anemia	☐ reflux	☐ muscle pains	☐ Scoliosis
☐ respiratory problems	☐ poor appetite	☐ growing pains	☐ Walking troubles

List any illnesses that your child has had: _____

List any falls your child may have had: _____

Has your child ever sustained any injuries in an auto accident? Yes or No

If yes explain:_____