

Daily we experience physical, chemical, and emotional stresses that can accumulate and result in serious loss of health potential. Most times the effects are gradual and begin very early in life. Answering these questions will give us information that will allow us to better assess the challenges to you child's health potential.

**Pregnancy:**

Were there any complications to the pregnancy? \_\_\_\_\_

Was Mom on any medications, prescription or over-the-counter?  Yes  No

If yes, explain: \_\_\_\_\_

Did Mom or Dad smoke during pregnancy?  Yes  No Who? \_\_\_\_\_

Was the baby ever in the Breech position?  Yes  No

How many ultrasounds were performed? \_\_\_\_\_

**Birth and Delivery:**

Where was the baby born?  Home  Hospital  Birthing Center  Other: \_\_\_\_\_

Was the delivery:  Vaginal  C-section Were any devices used?  Forceps  Vacuum

How long was the labor? \_\_\_\_\_ How long was the delivery? \_\_\_\_\_

Was oxytocin/pitocin used?  Yes  No Was an epidural administered?  Yes  No

**Infancy:**

Was the infant vaccinated?  Yes  No

Was there any prolonged use of medicines or an inhaler?  Yes  No If yes, which: \_\_\_\_\_

Did the infant suffer any traumas such as serious falls or car accidents?  Yes  No

Has the infant been under regular chiropractic care?  Yes  No

**Childhood years:**

Did the child have any childhood illnesses?  Yes  No Explain: \_\_\_\_\_

Does the child play youth sports?  Yes  No Which sport? \_\_\_\_\_

Has the child had any surgery?  Yes  No Explain: \_\_\_\_\_

Has the child fallen from a height over 3 ft.?  Yes  No Explain: \_\_\_\_\_

Was the child involved in any car accidents?  Yes  No When?: \_\_\_\_\_

Has there been any prolonged use of meds?  Yes  No Explain: \_\_\_\_\_

Has the child suffered emotional traumas?  Yes  No Explain: \_\_\_\_\_

Please give us any other health information you feel would be helpful: \_\_\_\_\_

*The statements made on this form are accurate to the best of my recollection and I request and give consent to this office to chiropractically examine and care for my child.*

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_