

Date _____

Patient Name: _____

Place of birth: Home Birthing Center Hospital Other, please list: _____

Type of Birth: C-section Vaginal

Was ultrasound used during pregnancy? Yes No If yes, how many times: _____

Was labor induced? Yes No If yes, why: _____

Was Anesthesia used? Yes No Type(s) of Anesthesia use: _____

Was there any notable Doctor assisted birth trauma? Twisting or Pulling Vacuum Extraction Forceps Other: _____

Were there any special medical procedures or tests performed? Yes No If yes, please list: _____

Was the child breast fed? Yes No If yes, to what age: _____

According to the National Safety Council, over 50% of all infants fall from a place 4ft or higher during their first 2 years of life.

Can you recall ANY jolts, falls, or traumas to this child? Yes No If yes, please describe: _____

Has this child experienced any fractures or dislocations? Yes No Please describe: _____

Other than the time spent sitting in a classroom, does your child spend prolonged time sitting? Yes No

Which activities does this child participate in? Soccer Football Gymnastics Karate Hockey Basketball
 Video Games Dance Wrestling Baseball Softball Cheerleading Other: _____

How would you rate your child's overall diet? Poor Somewhat Healthy Healthy

Please mark any of the following conditions your child has experienced: Colic Irregular Sleeping Patterns Nightmares
 Seizures Tantrums Ear Infections Allergies Asthma Headaches Poor Digestion Repeated Infections
 or Colds Bed Wetting Learning Disorders Emotional Disorders ADD or ADHD Other: _____

Please list all medications your child has been treated with since birth: _____

Were you informed of any adverse reactions to any of the above listed medications? Yes No

Authorization

I hereby authorize the Doctors and Staff at Thompson Chiropractic Clinic, P.A. to examine and treat my Son Daughter.
 Having carefully read the attached informed consent, I hereby give my informed consent to have chiropractic treatment administered.

Parent/Legal Guardian Signature: _____ Date: _____