



Child's Case History

Please Print

Patient Information

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Address _____ City _____ State _____ Zip Code _____

Home phone: _____ Mobile Phone: _____

What is your primary purpose for bringing your child in to see the Doctor today? _____

Mother's History

Tell me about your prenatal time:

a. Did you exercise? Y N Please explain: _____

b. Did you drink alcohol? Y N Please explain: _____

c. Did you take drugs? Y N Please explain: _____

d. Did you eat regularly? Y N Please explain: _____

e. Did you have any spinal pain or problems during your pregnancy?
 Y N Please explain: _____

Labor:

a. How long was your labor? _____

b. Was labor artificially induced? Y N

c. Would you say it was: Easy Hard Very Hard

d. Did you have a spinal block? Y N

e. How did you deliver your child?
 On back On all fours Squatting Sitting up in a birthing chair Other _____

f. Did the doctor grasp/pull on child's head? Y N

Did you notice if the doctor twisted? Y N

Were forceps used? Y N

g. Do you remember the APGAR score? Y N
If so, what was it? _____

h. Any complications? _____

Baby's History

Was your child breastfed? **Y** **N** How long? _____

Did your child have any unusual or strange habits or behaviors as a newborn? _____

a. Alert? **Y** **N**

b. Colic? **Y** **N**

c. Fussy? **Y** **N**

d. Happy? **Y** **N**

e. Did your child have shots (immunizations)? **Y** **N**

f. Did your child crawl? **Y** **N** Beginning at what age? _____ months

g. Was your child in a walker? **Y** **N** How long? _____

h. For how long did your child crawl? _____

i. At what age did your child begin to walk? _____

j. Did you notice anything unusual about your child's efforts to learn to walk? **Y** **N**

k. Did your child fall a lot? **Y** **N**

Were there any particularly hard falls that you recall? **Y** **N**

If so, please explain: _____

Young Child

a. Ear infections? **Y** **N**

b. Colds? **Y** **N**

c. Mucus/Sinus trouble? **Y** **N**

d. Falls? **Y** **N**

e. Collisions (Automobile)? **Y** **N**

Anything else you have noticed about your child that you think is unusual: _____

List any medications, past or present: _____

Any diagnosed diseases: _____

Signature of Mother, Father, or Legal Guardian _____ Date _____

Insurance Information

If you have an insurance card, we will be happy to copy it.

Primary Insured: _____ Policy Holder's Date of Birth: _____ Policy Number: _____

| | |
|-------------------|----------|
| Insurance Company | Address |
| City | State |
| | Zip Code |

Insurance Patients I understand and agree that health and accident insurance policies are an arrangement between the insurance carrier and myself. I authorized the release of any medical information necessary to process this claim and authorize payment of services to this office. I understand any amount paid directly to the office will be credited to my account. I permit this office to endorse co-issued remittances for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered me are charged directly to me and I am personally responsible for payment. Please make payment for your portion of charges at each visit unless other arrangements are made.

Patient's Signature _____ Date _____

Patients Without Insurance Please pay for services at the time of each visit. We accept Visa, MasterCard, checks or cash. If you prefer, a payment plan will be set up for your convenience. Let us know which one you prefer (check one.)

Payment at time of service Payment Plan

Patient's Signature _____ Date _____

Consent of Treatment of Minor Child

I hereby authorize Semlow Chiropractic Center, PC and whomever they may designate as their assistants to administer chiropractic care, as he/she deems necessary to my son/daughter.

| | |
|---------------------|--------------------------------------|
| Name of Minor Child | City and State where this was signed |
|---------------------|--------------------------------------|

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|