

Park County Chiropractic ~ Children 0-3 Questionnaire

Please Print. Fill out completely as these questions will assist the doctor in the treatment of this child.

Child's Name: _____ Parent's Names: _____

Date: _____ Date of Birth: _____ Weight: _____

Address: _____ City/Zip: _____ Guardian Phone #: _____

What medication/vitamins taken? _____

(if currently nursing, Mother please list what you are taking)

How long was the birth? _____ hours Was the child premature? Yes No If Yes, _____ weeks

Was the child breech? Yes No Was the child delivered C-Section or Vaginal? _____

If Vaginal, was forceps, suction or other delivery aids used, please list? _____

Was there any birth trauma? _____ If Yes, explain _____

Any accidents/traumas since birth? _____

Did/Is the child currently breast-feeding? Yes No Was/Is there any trouble nursing? Yes No

If Yes, explain _____

Does/Did the child nurse on both breasts or prefer one side? _____

Explain Any Foods eaten _____

Does the child swallow easily or does he/she spit-up or gag when/after eating? _____

Does the child cry easily? Yes No If Yes, explain _____

Does the child like to sleep on one side better than the other? Yes No If Yes, which side _____

How long does the child sleep through the night? _____ hours. Does the child wake up on a schedule or particular time of night? _____

Has the child had Antibiotics Eczema/Skin Rash Recent Change in Bowels Ear Infection

Please write down any particularities about your child (write on the back if more room is needed) _____

Who is Responsible for the bill: You and Spouse Other _____

Would you like one of the following billed? Health Insurance Auto Insurance (please give your insurance card or insurance information to the front desk)

I clearly understand and agree all services rendered my child are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate treatment, fees for professional services rendered my child will be immediately due and payable. All information gathered by Park County Chiropractic is kept confidential. If you have any questions regarding our privacy policy, feel free to ask. If you would like a copy of records a release form will have to be sign before any records can be discharged.

Parent/Guardian Signature _____ Date _____