

# PEDIATRIC CONSULTATION

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

*The majority of children have experienced hundreds of impacts that could cause vertebrae to become misaligned or subluxated. What we need to do now is discover several of the traumas your child has suffered.*

What was your child's birth like? Easy/Stressful/Complicated/Surgical

How long was the entire labor? \_\_\_\_\_ How long did you actually push for? \_\_\_\_\_

Were you induced?  Yes  No Nerve block?  Yes  No C-Section?  Yes  No  
Was there any pulling on the head?  Yes  No  Mid-wife OBGYN  Forceps or vacuum extraction

*Science has shown that 47% of all children fall on their heads by the age of one and have at least 200 major falls by the age of 5 years old.*

When was your child's most recent fall? \_\_\_\_\_

Was any care given?  Yes  No Was he/she checked by a chiropractor for subluxation?  Yes  No

And the fall before that? \_\_\_\_\_

Any care given?  Yes  No Chiropractic adjustment?  Yes  No

What sports or recreational activities does your child do? \_\_\_\_\_

When was your child's most recent stress, strain or injury while doing these activities? \_\_\_\_\_

Any care given?  Yes  No Chiropractic adjustment?  Yes  No

Has your child ever been involved in a motor vehicle accident as a passenger?  Yes  No

Briefly describe: When/Details? \_\_\_\_\_

Child seat?  Yes  No Seat belt?  Yes  No Front or back seat?  Yes  No

Was care given?  Yes  No Chiropractic adjustment?  Yes  No

*This information is important. Thank you for explaining your child's history of accidents and traumas. This will help the doctor better understand where the spine is damaged or subluxated. What we need to do now is ask you a few questions regarding your child's current health concerns.*

Does your child have any health concerns?  Yes  No What are they? \_\_\_\_\_

If so, how long have they been present for? \_\_\_\_\_

*Subluxated vertebra will cause irritation to nerve fibers affecting organs and tissue leading to sickness and illness.*

Are there any other conditions your child is or was experiencing?  Yes  No

How long and details? \_\_\_\_\_

Depending on where and the degree of the subluxated vertebra, nerve pressure can be constant or occasional.

How often does your child have this condition(s)? \_\_\_\_\_

Does your child take multi-vitamins regularly?  Yes  No What other supplements does your child take? \_\_\_\_\_

Please list all medications your child takes: \_\_\_\_\_

Signature Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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