



Child Intake Form

Child's Name: _____ Birthdate: ____/____/____ Sex: _____
 Address: _____ City: _____ Zip: _____
 Parents' Names: _____
 Parent's Phone: _____ Work #: _____
 Siblings and Ages: _____

Who referred you to our office: _____

Vertebral Subluxation Assessment

1. Has your child been checked by a Doctor of Chiropractic? ____ Who: _____

Were x-rays taken: _____ Who is your regular pediatrician: _____

2. Experts around the world agree: the birth process as we know it may cause extensive neurological trauma, damage and even death to the infant.

• Did you have ultrasound during this pregnancy? _____ Frequency: _____

• Place of birth: Home / Birthing Center / Hospital / _____

• Provider: Midwife/ OB-Gyn/ _____

• Type of Birth: Vaginal / C-section Was anesthesia used: __Yes / No__ Type: _____

• Was labor induced: __Yes / No__ If Yes, why: _____

• What position did you deliver in: Squatting / On Back ____

• Birth Trauma: Doctor assisted / Twisting and Pulling / Vacuum Extraction / Forceps

• Newborn trauma (medical procedures and tests): _____

3. Did you breast-feed your child? __Yes / No__

For how long: _____

Was your decision supported by your health care provider? __Yes / No__

4. According to the National Safety Council, approximately 50% of infants have fallen onto their heads during their first years of life. Another study reveals a quarter of a million children are injured on playgrounds annually. Can you recall any such jolts, falls or traumas to your child? __Yes / No__

Please Describe: _____

Any fractures or dislocations: _____

5. Which sports does your child play? Soccer/ Football / Gymnastics / Karate / Hockey / Lacrosse / Basketball / Dance/ Wrestling / Baseball / _____

6. Other than the 5 hours per day spent sitting in the classroom, does your child spend additional prolonged time sitting: __Yes / No__ Is it in front of a computer or TV: __Yes / No__

7. How would you describe your child's diet: _____

Does your child consume artificial sweeteners: __Yes / No__ Fluoridated water: __Yes / No__

8. Circle any of the following conditions your child has suffered from:

Colic, Irregular Sleeping Patterns, Night Terrors, Seizures, Tantrums, Ear Infections, Allergies, Asthma, Headaches, Poor Digestion, Repeated Infections or Colds, Bed Wetting, Learning Disorders, Emotional Disorders, ADD or ADHD, Other _____

9. How often has your child been treated with drugs: _____

Were you informed of their adverse reactions: __Yes / No__

If it was an antibiotic, was your child cultured for its use: __Yes / No__

Is your child currently on any medications (please list): _____

Any surgeries: _____



10. The child's immune system, like all other developing systems of the body is both intricate and delicate. It strives for a state of homeostasis and balance in the body. Long term, adverse effects from interfering with this process with artificial immunizations are just being uncovered. Were you adequately informed of the risks of vaccinating your child? Did your child experience any behavioral, emotional, or physical changes within 3 months after any shots: Yes / No

Describe: _____

Was it reported by you or your doctor: _____

Correction

Today, we are becoming more aware, how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and the immune system function. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex.

Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

Authorization for Care of a Minor

I hereby authorize Dr. _____ to administer care as deemed necessary to my son/daughter.

Signed _____ Date _____

Witnessed _____ Date _____