Dr. Christopher Taylor D.C. Family Chiropractic & Wellness

PEDIATRIC HISTORY

Please answer all questions. If a question is not appropriate, please answer N/A

Date: _____

Name: _____ **Male / Female**

Address: _____

Age: _____ **Date of Birth:** _____

Parent or Legal Guardian: _____

Address (If different from above): _____

Health Insurance: Yes / No Do you need a Referral? Yes / No

Id # _____

Group # _____

Phone # _____

Pediatrician: Name: _____

Phone Number: _____

Address: _____

Purpose for Seeking Chiropractic Treatment: _____

_____

Breast Feeding / Formula

Problems Feeding or Holding Meals: _____

Type of Water: Well / City / Bottle / Distilled / Reverse Osmosis

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Delivery Type: **Natural** **Where:** _____

C-Section **Where:** _____

At Home

Complications during Pregnancy or Birth: Yes / No

If yes, please explain: _____

_____

Present Health Problems: **Child:** _____

Family: _____

Medications or Antibiotics: **Present:** _____

Six Months and Prior: _____

Vaccinated: Yes / No **Drugs during Pregnancy:** _____

Genetic Disorders: _____

DEVELOPMENTAL HISTORY

At What Age (Month) did Baby Respond To:

Sound:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12 months**
Visual:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12 months**
Hold Head Up:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12 months**
Crawl:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12 months**
Stand:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12 months**
Walk:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12 months**

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Has Child Ever Fallen: **Yes / No**

Car Accidents: **Yes / No**

Hospitalizations: **Yes / No**

Other Emergencies: **Yes / No** **If yes, please explain:** _____

_____

Has Child had any Surgeries? **Yes / No** **If yes, please explain:** _____

_____

Childhood Diseases: _____

Any Other Conditions Not Listed: _____

Parental Authorization:

Print name: _____

Signature: _____

Date: _____