

CHIROPRACTIC SOLUTION CENTER, P.C.

Specializing in Postural Rehabilitation

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Child's Case History (Please Print)

Patient Information

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

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 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 the 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 the child breastfed? Y N How long? _____

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

a. Colic? Y N

b. Fussy? Y N

c. Alert? Y N

d. Happy? Y N

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

f. Did the child crawl? Y N Beginning at what age? _____

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

h. For how long did the child crawl? _____

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

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

Did the 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