

Dear New Patient,

It is a pleasure to welcome you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family feel more comfortable. To help us serve you better, please complete the following information. We look forward to working with you to build better health for your family.

				S.S.#:		
State:	Address:			City:		
Birth Date:	State:	Zip:	Home Phone: _	How Long:		
Names of Parents / Guardians: Purpose For Contacting Us?						at has been
Purpose For Contacting Us? Other Doctors Seen for this Condition:	Sex: Weig	ht: Height:	Referred B	Зу:	saloroi so ziaiprelid	eact see
Other Doctors Seen for this Condition:NY , Doctors' Names and Prior Treatments:	Names of Parents / Gua	ardians:				
Other Health Problems? Check any of the Following Conditions Your Child has Suffered from During the Past Six Months: Car Infections	Purpose For Conta	acting Us ?			ertal History:	mgojavaC
Check any of the Following Conditions Your Child has Suffered from During the Past Six Months: Car Infections	Other Doctors Seen for	this Condition:N	Y , Doctors'	Names and Prior Treatme	ents:	Suring the lot
Check any of the Following Conditions Your Child has Suffered from During the Past Six Months: Car Infections	Other Health Problems	Cross Craw?		bnuos or one	DQS-DY	
Ashma / Allergies Digestive Problems ADHD Recurring Fevers Growing / Back Pains Car Accident Temper Tantrums Other			has Suffered from Du	ring the Past Six Months:		
Previous Chiropractor: Date of Last Visit: / / Reason: Name of Pediatrician: Date of Last Visit: / / Reason: Are You Satisfied with the Care Your Child has Received There ? N Y Number of Doses of Antibiotics Your Child has Taken: During the Past Six Months: , Total During His / Her Lifetime: Number of Doses of Other Prescription Medications Your Child has Taken: During the Past Six Months: , Total During His / Her Lifetime: List: Vaccination History: Prenatal History: Name of Obstetrician / Midwife: Complications During Pregnancy ? N Y , List: Medications During Pregnancy / Delivery ? N Y , List: Cigarette / Alcohol Use During Pregnancy: N Y , List:	□ Ear Infections□ Asthma / Allergies□ Colic	☐ Digestive Problems	□ ADHD	☐ Recurring Fevers	☐ Growing / Ba	
Previous Chiropractor: Date of Last Visit: / Reason:	,		THE PERSON WHIT YEAR	n conv., comp., comp., comp.	Course de affecteur en les	
Date of Last Visit: / Reason:	Previous Chiropractor:	Secces, Football, Gymnas	ntact type sports (i.e., List:	In any high impact or col N N	oblic been (nyolyac , <mark>Markal Arts, etc.)</mark>	rumpedy s Pakalani
Name of Pediatrician: Date of Last Visit: / / Reason: Are You Satisfied with the Care Your Child has Received There ? N Y Number of Doses of Antibiotics Your Child has Taken: During the Past Six Months: , Total During His / Her Lifetime: Number of Doses of Other Prescription Medications Your Child has Taken: During the Past Six Months: , Total During His / Her Lifetime: List: Vaccination History: Prenatal History: Name of Obstetrician / Midwife: Complications During Pregnancy ? N Y , List: Ultrasounds During Pregnancy / Delivery ? N Y , List: Medications During Pregnancy / Delivery ? N Y , List:		//	Reason:			
Date of Last Visit: / / Reason: N Y Are You Satisfied with the Care Your Child has Received There ? N Y Number of Doses of Antibiotics Your Child has Taken: During the Past Six Months: , Total During His / Her Lifetime: Number of Doses of Other Prescription Medications Your Child has Taken: During the Past Six Months: , Total During His / Her Lifetime: List: Vaccination History: Prenatal History: Name of Obstetrician / Midwife: N Y , List: Complications During Pregnancy ? N Y , Number: Medications During Pregnancy / Delivery ? N Y , List: Cigarette / Alcohol Use During Pregnancy: N Y , Y	Name of Pediatrician: _				IOMII (1996) 1993 U	
Number of Doses of Antibiotics Your Child has Taken: During the Past Six Months:, Total During His / Her Lifetime: Number of Doses of Other Prescription Medications Your Child has Taken: During the Past Six Months:, Total During His / Her Lifetime:List:	Date of Last Visit:	//	_ Reason:	T diebo (unagronio ii		
During the Past Six Months:, Total During His / Her Lifetime: Number of Doses of Other Prescription Medications Your Child has Taken: During the Past Six Months:, Total During His / Her Lifetime:List:	Are You Satisfied with t	he Care Your Child has Re-	ceived There ?	N Y		
Number of Doses of Other Prescription Medications Your Child has Taken: During the Past Six Months:, Total During His / Her Lifetime:List:	Number of Doses of An	ntibiotics Your Child has Tak				
During the Past Six Months:, Total During His / Her Lifetime:List:	During the Past Six Mo	nths:, Total Durin	g His / Her Lifetime:			
Prenatal History: Name of Obstetrician / Midwife: Complications During Pregnancy ? N Y , List: Ultrasounds During Pregnancy ? N Y , Number: Medications During Pregnancy / Delivery ? N Y , List: Cigarette / Alcohol Use During Pregnancy: N Y	Number of Doses of Ot	her Prescription Medication	ns Your Child has Take	en:		
Prenatal History: Name of Obstetrician / Midwife: Complications During Pregnancy ? N Y , List: Ultrasounds During Pregnancy ? N Y , Number: Medications During Pregnancy / Delivery ? N Y , List: Cigarette / Alcohol Use During Pregnancy: N Y	During the Past Six Mo	nths:, Total Durin	g His / Her Lifetime:	List:	National Commence	
Name of Obstetrician / Midwife:	Vaccination History:	agA ,Y\M	Other	N/Y, Age	Rubeola	
Name of Obstetrician / Midwife:	Prenatal History:					
Ultrasounds During Pregnancy ? N Y , Number: Medications During Pregnancy / Delivery ? N Y , List: Cigarette / Alcohol Use During Pregnancy: N Y	Name of Obstetrician /	Midwife:	FRE TURK LUW GMA	ATICIPATION IS VITAL	AS BLIOY	
Ultrasounds During Pregnancy ? N Y , Number: Medications During Pregnancy / Delivery ? N Y , List: Cigarette / Alcohol Use During Pregnancy: N Y	Complications During P	regnancy ?N_	Y , List:	3 P(1847 1541 13 3495		
Cigarette / Alcohol Use During Pregnancy: N Y	Ultrasounds During Pre	egnancy ?N_	Y, Number	ilis Doctors to administer.		
	Cigarette / Alcohol Use	During Pregnancy:	N Y			
	Location of Birth:	Hospital Birth	ing Center	Home		

Birth Intervention: Fo	rceps Va	cuum Extraction			
Ce	easarian Section, E	Emergency or Planned	?		
Complications During Delivery	? N	Y , List:		ilent.	Dear New Par
Genetic Disorders or Disabilitie	s: N	Y , List:	leaf has yound be a	diract way empoles	Lot successor half
Birth Weight: Birth Lo	ength: AF	PGAR Scores:	To help us serve yo		
Feeding History:					
Breast Fed: N	V Howal	ong:			
Formula Fed: N	Y How Lo	ong: Type:			
Introduced to Solids at:					
Food / Juice Allergies or Intoler					
				s / Guardians:	Names of Parent
Developmental History:				Contacting Us ?	Purpose For
During the following times your	child's spine is mos	t vulnerable to stress a	and should routine	ly be checked by a doc	ctor of chiropracti
for prevention and early detecti	on of vertebral sub	luxation (spinal nerve	interference). At w	hat age was your child	d able to:
Respo		Cross Crawl Stand Alone			
Respond to Sound Respond to Visual Stimuli Hold Head Up			Your Child has Su		
Sit Up	hronic Colds				
Is / has your child been involved Cheerleading, Martial Arts, etc.)	d in any high impad) ? N	ct or contact type spor Y, List:	ts (i.e., Soccer, Fo	potball, Gymnastics, Ba	aseball,
Has Your Child Ever Been Invo	lved in a Car Accid	ent ? N	Y , List:		
Has Your Child Been Seen on a	an Emergency Basi	is ?N	Y , List:	naio:	Name of Pediatri
Other Traumas Not Described A	Above ?!	NY , List:	ason		NSIV TEEL TO SIEN
Prior Surgery: N	Y , List:	1 919111	Davidual CBITOIL	O BOT SEC SEE UNE	Datternor Dox Day
Menarche: N	Y , Age:				
Childhood Diseases:					
Chicken Pox	N/Y, Age	Mumps	Medications Your	V/V Age	
Rubella	N/Y, Age	Whoopi		N / Y, Age	
Rubeola	N/Y, Age	Other	1	N / Y, Age	
WE ARI	E HERE TO SERVE	E YOU, AND ENCOUF VITAL AND WILL HEI	RAGE YOU TO AS	K QUESTIONS.	
1001117		ORIZATION FOR CAR		OUR RESULTS.	
hereby authorize this office on					Omplications De
I hereby authorize this office and agree that I am personally	responsible for pay	ment of all fees charg	ed by this office.		
Name of Insurance Company: _		381J , Y	Policy	ng Pregnancy / Delive:	Medications Dun
Signed:		Witnessed:		Date:	issue /
				/	