

**CONFIDENTIAL PATIENT CASE HISTORY  
PEDIATRIC CASE (NEWBORN - 5 YEARS OF AGE)  
absolute health chiropractic**

46 South Street, Wrentham, MA 02093  
ph: 508.384.0944 f: 508.384.0977

Dear Parent:

Please complete this questionnaire. Your answers will help us determine if chiropractic care can help your child. If we do not sincerely believe the condition will respond to care, we will not accept the case. Thank You.

**Personal Information**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Pediatrician \_\_\_\_\_ May we contact him/her for this case?  yes  no  
Parent/Guardian Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Secondary Phone \_\_\_\_\_ E-mail\* \_\_\_\_\_  
Referred by \_\_\_\_\_

**Birth History**

Delivery:  Vaginal  Forceps  Vacuum Extraction  C-Section  
Infant Feeding:  Breast  Bottle  Formula  
APGAR Score \_\_\_\_\_ Congenital Anomalies \_\_\_\_\_

**Health Information**

Is your child here for:  Wellness Check-up  Specific Complaint  
Please Explain \_\_\_\_\_

How long has your child had this condition?  
 1 week  2-6 weeks  2-4 months  greater than 4 months  
Has your child had similar conditions in the past?  yes  no  
Is the condition getting progressively worse?  yes  no

What activities aggravate the condition? \_\_\_\_\_  
Is the condition interfering with:  Sleep  Daily Activities

Other Doctors/Specialists seen for this condition \_\_\_\_\_

Please list all current **PRESCRIPTION** medications \_\_\_\_\_  
\_\_\_\_\_

Please list any known allergies to any medications \_\_\_\_\_  
\_\_\_\_\_

Vitamins/Supplements your child now takes \_\_\_\_\_

Has your child been in an auto accident?  yes  no If so, describe \_\_\_\_\_  
\_\_\_\_\_

Please list any surgical operations and years \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Email addresses will **not** be sold or re-distributed in any way.  
By providing an email address, you will receive periodic informational e-mails from the office and will be enrolled in the Electronic Personal Health Records Program which allows on-line access to medical records.