COUNTRY ROADS

Mobile Chiropractic

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Newborn-Toddler Case History

Child's Name: ______________________________________ Age: ____________

DOB: ________________ Sex: Male Female

Parent/Guardian Names: ____

Address: _______________________________________ City: _____________ State: ____ Zip: ______

Phone 1: _________________ Phone 2: _______________ Email: _____________________________

Reason for contacting us:

____

When did this start: ____________________________

Progressively getting WORSE BETTER NO CHANGE

Other providers seen/treatments given: Yes No… If Yes please list

1. ____
2. ____
3. ____

Health History: Please mark if your child has had any of these issues

- Colic
- Ear Aches/infections
- GI issues
- Excessive crying
- Recurring fevers
- Sleeplessness
- Eczema/skin problems
- General crankiness
- Seizures
- Scoliosis
- Asthma/Allergies
- Chronic colds
- Tongue Tie
- Lip Tie
- Excessive throw up
- Other: __________________________

Has your child ever been hospitalized? YES NO… If yes, When? ________________________________

Has your child had any significant injuries or been in any accidents?

____

Is your child currently on any medications? ____

Has your child been vaccinated? If so when?____

Any childhood diseases?

- Chicken Pox
- Measles
- Mumps
- Rubella
- Whooping Cough/Pertussis
- RSV
- Other: _____________________

Name of Pediatrician: ____

Prenatal History

Any Complications during pregnancy? YES NO Describe: __________________________________

Medications during delivery? INDUCTION EPIDURAL OTHER: __________________________

Birth Intervention: FORCEPS VACUUM EXTRACTION CAESARIAN-EMERGENCY/PLANNED

Complications during delivery? YES NO Describe: ____

Delivery: <36 weeks 37-42 weeks >42 weeks

Birth weight: ___________ Length: ______________

Feeding History

Breast Fed: YES NO How long? ____

Formula fed: YES NO how long? ____

Introduced to solids at _____________ months

Any food allergies? ____

As the parent/guardian for this child I have filled this form out to the best of my ability and believe all information provided to true.

____ ____________________

Signature Date