CHILD HEALTH QUESTIONNAIRE

Client Number:_____ Dr:_____

Date:_____

How did you find out about us?_____

Govt healthcare concession No:_____

Childs name:_____

Surname: _____

Date of Birth:_____Gender : _____

Parent 1:_____ Mobile:_____

Parent 2:_____ Mobile:_____

Address: _____

Best Email:_____

Has your child had Chiropractic care before? Yes / No

If Yes for what reason?_____

When?_____Where?_____

Were Xrays taken? Yes / No

Has your child ever suffered injury or a diagnosed illness? Yes / No

If yes please specify_____

_____

In your own words what is the childs complaint?_____

_____

AT THE CHILDS BIRTH :-

Was labour chemically induced? Yes / No At Home / At Hospital

Was there medication given during labour or delivery? Yes / No

If yes please list –_____

Were Forceps or vacuum suction used? Yes / No

Was a C-section performed? Yes / No

Was the baby premature? Yes / No

If yes by how many weeks?_____

Childs birth weight:- _____ Current weight:- _____

Was the child in any position of constraint in-utero, such as: (Please circle)

Breech *transverse* *face/brow presentation* *posterior*

Has the Mother ever taken antibiotics? Yes / No

Has Child ever taken antibiotics? Yes / No

*If yes how many times in past 6 months*_____ / *In child's lifetime*_____

Please list if your child is taking any medications currently?_____

_____

YOUR CHILDS SYMPTOMS IN PAST 6 MONTHS (please circle):

Low back pain	Meningitis	Allergies
Neck pain	Loss of Hearing	lactose intolerance
Headaches	Colic	Asthma
	Reflux	Colds/Flu
Sleeping disorders	Hiccups	Breathing issues
Fatigue		Sinus
Bed wetting	Feeding Problems	Ear/Throat Infections
Constipation	Crying episodes	
Digestive troubles	(more than 3 hrs daily)	Hyperactivity
Diarrhoea		Irritability

YOUR CHILDS CURRENT CONDITION (please circle):

Is accident prone	Broken bones
Has fallen down steps	Sprain injuries
Fallen from Heights over 50cm	Poor posture
Been in a car accident	
Been hospitalised or had surgery	

Learning disorders – If so please list _____

_____

If you would you like to improve an aspect of your child's health or behaviour, what would it be?

_____

FOR OFFICE USE ONLY

Chiropractic has been shown to be an extremely safe and effective treatment for back & neck pain, headaches & other similar symptoms. The risk of injury is lower than those associated with many other treatments, medications, & procedures given for the same symptoms.

On this visit the Chiropractor will have discussed the risks associated with chiropractic care & if you feel that you understand and you are happy to commence care for your child, please sign & date below.

**Consent for care discussed & signed by parent/guardian _____