BAY CHIROPRACTIC

CONFIDENTIAL *TODDLER (ages 2 – 5)* PATIENT HISTORY FORM

Sex:		First name:		Surname:	
Address:					
Suburb:		State:		Postcode:	
Mother's Name:		PH:		MO:	
Father's Name:		PH:		MO:	
Date of Birth:	/ /	Age:		Private Health Fund Name?	
Home Email address:					
Has child seen a chiropractor before?	**Yes / No**	When was last treatment?			
What is the main reason for attending this chiropractic clinic?					
Has your child had treatment for this complaint before?					

BIRTH DETAILS:- Please Circle.

Any problems requiring treatment at birth?	
Type of Delivery?	**Normal / Breech / Forceps / Caesarean / Suction**

Head Shape at Birth?	**Normal / Asymmetric**	Premature?	**Yes / No**	Immunised?	**Yes / No**
Blood Group?		Number of siblings?			
Allergies?					

DEVELOPEMENT DETAILS:-

Crawling Age?		Walking Age?	

GENERAL HEALTH:- Please Circle.

Crying Patterns?	**GOOD / FAIR**	Sleep Patterns?	**GOOD / FAIR**	Appetite?	**GOOD / FAIR**
Activity & Energy Levels?	**GOOD / FAIR**	Immune System?	**GOOD / FAIR**		

Is your child taking any medication? Please list:

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Has your child taken any long-term medication in the past? Please list:

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Has your child ever been to hospital or had any surgery? Please give details:

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Family History?

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Have you noticed your baby has problems with any of the following:- Please Circle.

Headaches / Fever	Tantrums / Nightmares / Difficulty Settling
Ear Problems / Hearing	Discomfort with Neck / Head Held to One Side
Eye Problems	Skin Conditions
Nose / Sinus / Hayfever / Allergies	Lumps / Swellings / Bruising
Mouth Problems / Throat Infections / Teething	Gastrointestinal / Abdominal Discomfort / Reflux
Respiratory Infections / Asthma / Breathing Problems	Vomiting / Diarrhoea / Constipation / Digesting Food
New or Recurrent Cough	Genital Problems
Bones or Joint Pain / Growth & Development	Urinary Problems / Bedwetting
Psychological / Behavioural / Attention / Seizures	Heart Problems
Speech Problems	Muscle Control / Lack of Muscle Tone / Balance & Co-ordination

PARENT / GUARDIAN INFORMATION PRIOR TO TREATMENT

Changes to the law now require all practitioners who manipulate the spine to warn patients of the material risks. In extremely rare circumstances, it is possible to exacerbate a condition. All techniques employed are gentle and safe, and manipulations on children are provided with extreme care.

Chiropractic adjustments (manipulation) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993).

If you have any questions relating to the treatment your child is about to receive, please speak to the chiropractor. If you understand the above information and give your consent to treatment please sign below.

Parent / Guardian Signature: ..... **Date:** / /