

## **PARENT/CHILD COMPREHENSIVE HEALTH PROFILE**

Name of Parent: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone# Work: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M F

How did you hear about our office? \_\_\_\_\_

Has your child ever received spinal adjustments by a Chiropractor before? Y N

If yes when and by whom? \_\_\_\_\_ How long did your child go? \_\_\_\_

Have you or your spouse ever received chiropractic care? Y N

What other natural forms of healthcare has your child received? \_\_\_\_\_

What do you hope for your child to receive from chiropractic care in this office? \_\_\_\_\_

### **PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD'S HISTORY**

Were you physically ill prior to or during the pregnancy? Y N

Was the pregnancy difficult? Y N

Did you have any falls, accidents or physical injuries during the pregnancy? Y N

Was your labor chemically induced? Y N

Were you conscious/semiconscious/unconscious?

Was the birth:     \_ drug induced \_forceps or suction \_"C"section \_breach  
                          \_ natural \_prolonged \_cord around the neck

Was the birth:     \_at home \_in a birthing center \_in a hospital \_other

Was your child incubated or isolated? Y N

Was your child: \_bottle fed \_breast fed \_other

Has your child experienced any of the following (If so please list when and any further comments you wish to share):

Headaches \_Allergies \_Ear infections \_Breathing problems \_Fatigue \_Irritability

\_Hyperactivity \_Flu \_Frequent colds \_Bloody noses \_Meningitis \_Diarrhea \_Colic

\_Constipation \_Rashes \_Milk or lactose intolerance \_Bed Wetting \_Asthma  
\_Sleeping disorders \_Digestive problems \_Other

Regarding your child today:

Has your child ever been unconscious? Y N

Has your child ever used crutches or corrective braces? Y N

Is your child accident-prone? Y N

Has your child had any falls down steps? Y N

Has your child ever been involved in an auto accident? Y N

Has your child ever been hospitalized or had surgery? Y N

Has your child ever had any broken bones or sprain injuries? Y N

Is your child on any medications? Y N

Has your child been vaccinated? Y N

Is your child active in any particular sports? If yes which ones \_\_\_\_\_

Is your child hyperactive? Y N

Does your child have learning disorders? Y N

Does your child have poor posture? Y N

Is your child nervous, or has anyone suggested that your child was nervous?

How would you rate your child's physical health?

\_excellent \_good \_fair \_poor \_getting better \_getting worse

How would you rate your child's emotional/mental health?

\_excellent \_good \_fair \_poor \_getting better \_getting worse

Is there anything else you may wish to share which may help us to better?

understand your child? \_\_\_\_\_

I hereby authorize Dr. Jennifer Hartley and whomever he may designate to administer care as he deems necessary to my son/daughter

Signed \_\_\_\_\_ Witnessed \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_