North River Family Chiropractic
195 Whiting St. Suite 3, Hingham, MA 02043
781-740-9494

Patient Name: ______________________________ DOB: _______________ Date: _______________

Guardian Name: _______________________________________ Relation to child:_____________________

Address:___________________________________ City:_________________ State:________ Zip__________

Home Telephone:_______________________ Cell:______________________ Work:_____________________

Email Address:____ Birth Date:____________

Occupation: ____

Employer Name:____

Single:___________ Married:_____________ Spouse's Name:_____________________________________

Have you/your child seen a Chiropractor before? Yes No If yes, when? ________________________

Whom may we thank for referring you to our office?____

Pediatric Health History

1. Please describe any significant illnesses/difficulties/traumas during your pregnancy with this child:

____

____

2. **Please check off all that apply to the birth of this child:**

Home birth _______ Hospital birth _______ Length of labor ____________________

Epidural ______ Episiotomy _______ Other Medications used_____________________________

Caesarean _______ Vaginal________ Forceps_________ Vacuum________
Manual assistance_______

3. Was your baby **breastfed?** _____________ If yes, how long? _________

4. Has your child received vaccinations: YES NO
complete for their age _______ partial ______ no vaccinations ______

5. Any **sleeping problems?**

____

____

6. At what age did your child **crawl?** _______________

7. At what age did your child **walk?** _______________

8. Please describe any **falls, stitches, fractures, car accidents, sports injuries or other traumas** that your child has experienced since birth: **Include ages/dates.**

9. Please tell us about any **health issues/chronic illnesses** that your child has had since birth **(include ages/dates):**

10. Any known **allergies including foods**?

11. Please list any **medications** that your child has or is currently taking:

12. Please list any **supplements** that your child is currently taking:

13. What **physical activities** does your child currently participate in?

14. Please list any **emotional/social/or academic stressors** in your child's life.

15. Please tell us **why you have brought your child for a chiropractic evaluation today**: