

PEDIATRIC PATIENT INTRODUCTION

CHILD'S NAME: _____ MOTHER'S NAME: _____ DOB: _____
CASE NUMBER: _____ FATHER'S NAME: _____ DOB: _____
ADDRESS: _____ CITY/TOWN: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ MOTHER'S WORK PHONE: _____ MOTHER'S CELL PHONE: _____
EMAIL: _____ FATHER'S WORK PHONE: _____ FATHER'S CELL PHONE: _____

BIRTH DATE: _____ AGE: _____ SEX: _____ NUMBER OF SIBLINGS: _____ REFERRED BY: _____
BIRTH WEIGHT: _____ BIRTH LENGTH: _____ CURRENT WEIGHT: _____ CURRENT LENGTH: _____

THIRD TRIMESTER PRESENTATION: VERTEX _____ BREECH _____ TRANSVERSE _____ FACE/BROW _____
TYPE OF BIRTH: NORMAL VAGINAL _____ FORCEPS _____ CESAREAN _____ SUCTION CAP OR VACUUM _____
LOCATION: HOME _____ BIRTHING CENTER _____ HOSPITAL _____

PROBLEMS DURING PREGNANCY: _____
PROBLEMS DURING LABOR/DELIVERY: _____
APGAR SCORES: _____ WAS THERE PRESENCE AT BIRTH OF: JAUNDICE (YELLOW)? _____ CYANOSIS (BLUE)? _____
CONGENITAL ANOMALIES/DEFECTS? _____ IF YES, PLEASE EXPLAIN? _____

INFANT FEEDING: BREAST _____ BOTTLE _____ IF BOTTLE, WHICH FORMULA? _____
NUMBER OF HOURS SLEEPING PER NIGHT: _____ QUALITY OF SLEEP: GOOD _____ FAIR _____ POOR _____

OBSTETRICIAN/MIDWIFE: _____
PEDIATRICIAN/FAMILY MD: _____
DATE OF LAST VISIT: _____ PURPOSE: _____
IMMUNIZATION HISTORY: _____
NUMBER OF DOSES OF ANTIBIOTICS YOUR CHILD HAS TAKEN: DURING THE PAST SIX MONTHS _____ DURING HIS/HER LIFETIME _____
PREVIOUS CHIROPRACTOR: _____
DATE OF LAST VISIT: _____ PURPOSE: _____
HAS YOUR CHILD EVER BEEN TREATED ON AN EMERGENCY BASIS? _____ IF YES, PLEASE EXPLAIN: _____

PURPOSE OF THIS APPOINTMENT: _____
INSURANCE/BILLING INFORMATION: _____ POLICY #: _____

AUTHORIZATION FOR CARE OF MINOR

I HEREBY AUTHORIZE THIS OFFICE AND ITS DOCTOR(S) TO ADMINISTER CARE AS THEY SO DEEM NECESSARY TO MY SON/DAUGHTER/WARD (UPON APPROVAL OF PARENT OR GUARDIAN).

SIGNED: _____ WITNESSED: _____ DATE _____

I REALIZE THAT I AM RESPONSIBLE FOR ALL FEES CHARGED BY THIS OFFICE AND I AGREE TO PAY FOR ALL SERVICES PROVIDED.
X-RAYS REMAIN THE PROPERTY OF THIS OFFICE.

SIGNED: _____ DATE _____