

Tecumseh Neck & Back Family Chiropractic

CHILD HEALTH QUESTIONNAIRE (Under age 10)

Date: _____

Name of child: _____

Address: _____

Phone: _____ Sex: _____ SS# _____ DOB: _____

Name of Parent/Guardian: _____

Address (if different from child) _____

Home Phone # _____ Work Phone # _____

Insurance: BCBS PPOM AETNA PARAMOUNT NONE Other _____

Policy Holder: _____ Policy Holders DOB: _____

What is the reason for your child is visiting the office today?

Has your child ever had any serious falls (stairs, trees,etc.)? _____

Has your child ever been involved in a motor vehicle accident? _____

Has your child broken any bones? _____

Has your child ever had surgery or been hospitalized? _____

Is your child currently taking any medication? _____

If yes, please list: _____

How was your child delivered? C-section Vaginal

Were **forceps** or **vacuum distractions** used during delivery? _____

TERMS OF ACCEPTANCE

The goal of the chiropractor is not to diagnose/treat any disease but to locate, analyze, and correct vertebral subluxations. The purpose being to improve joint mechanics and to restore the innate healing mechanisms of the body via a nervous system free of irritation/interference.

** _____ **
INITIALS

Parent/Guardian Signature _____ Date _____