

**Tecumseh Neck & Back**

**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 \_\_\_\_\_