



BRADDOCK CHIROPRACTIC PEDIATRIC CONSULTATION



Child's Name _____ DOB: _____

Parents Name: _____ Phone Number: _____
Address: _____ City: _____ Zip code: _____

The majority of children have experienced hundreds of impacts that could cause vertebrae to become misaligned or subluxated. What we need to do now is discover several of the traumas your child has suffered.

What was your child's birth like? Easy/Stressful/Complicated/Surgical

How long was the entire labor? _____ How long did you actually push for? _____
Were you induced? Yes No Nerve block? Yes No C-Section? Yes No
Was there any pulling on the head? Yes No Mid-wife OBGYN Forceps or vacuum extraction

Science has shown that 47% of all children fall on their heads by the age of one and have at least 200 major falls by the age of 5 years old.

When was your child's most recent fall? _____
Was any care given? Yes No Was he/she checked by a chiropractor for subluxation? Yes No

And the fall before that? _____
Any care given? Yes No Chiropractic adjustment? Yes No

What sports or recreational activities does your child do? _____

When was your child's most recent stress, strain or injury while doing these activities? _____
Any care given? Yes No Chiropractic adjustment? Yes No

Has your child ever been involved in a motor vehicle accident as a passenger? Yes No

Briefly describe: When/Details? _____
Child seat? Yes No Seat belt? Yes No Front or back seat? Yes No
Was care given? Yes No Chiropractic adjustment? Yes No

This information is important. Thank you for explaining your child's history of accidents and traumas. This will help the doctor better understand where the spine is damaged or subluxated. What we need to do now is ask you a few questions regarding your child's current health concerns.

Does your child have any health concerns? Yes No What are they? _____
If so, how long have they been present for? _____

Please list all medications if any your child takes: _____
Have they ever had antibiotics? Yes No

Subluxated vertebra will cause irritation to nerve fibers affecting organs and tissue leading to sickness and illness.

Are there any other conditions you child is or was experiencing? Yes No
How long and details? _____

Depending on where and the degree of the subluxated vertebra, nerve pressure can be constant or occasional.

How often does your child have this condition(s)? _____
Does your child take multi-vitamins regularly? Yes No What other supplements does your child take?

Are they a picky eater? Yes No Do they eat lots of fruit and vegetables Yes No
Do they eat or drink a lot of dairy? Yes No if so when? _____

Signature Parent or Guardian: _____ Date: _____