



PEDIATRIC NEW PATIENT INFORMATION

Name: _____

Address: _____ Phone: _____

Age: _____ Date of Birth: _____ Sex: _____ Number Of Siblings: _____

Parent/Guardian Name: _____

Occupation: _____ Phone: _____

Referred By: _____

Purpose Of Appointment: _____

Date Problem Began: _____

Similar Problem Previously: _____

Others Seen For This Problem: _____

What Makes This Problem Worse: _____

Other Health Problems: _____

Birth Height: _____

Weight: _____

Present Height: _____

Weight: _____

Birth Type: Vaginal Breech Forceps
 Cescarian Vacuum Device
 Home Birth Hospital Birth Birthing Center

Difficulties During Pregnancy: _____

Labor/Delivery Difficulties: _____

Congenital Defects/Anomalies: _____

Has Your Child Been Immunized? Yes No

Childhood Diseases: Measles Mumps Whooping Cough
 Chicken Pox Other (List) _____

Date & Purpose Of Last GP Visit: _____

Has Your Child Ever Had Emergency Treatment? Yes No

Please Describe: _____

Please List Any:

Surgeries _____

Accidents _____

Medications _____

Has Your Child Ever Suffered From: (Please Circle Yes/No)

Allergies	Y	N	Growing Pains	Y	N
Anemia	Y	N	Headaches	Y	N
Arm Problems	Y	N	Heart Trouble	Y	N
Arthritis	Y	N	Hyperactivity	Y	N
Asthma	Y	N	Hypertension	Y	N
Back Aches	Y	N	Joint Problems	Y	N
Bed Wetting	Y	N	Leg Problems	Y	N
Behavior Problems	Y	N	Muscle Jerking	Y	N
Broken Bones	Y	N	Neck Problems	Y	N
Chronic Earaches	Y	N	Orthopedic Problems	Y	N
Colds/Flu	Y	N	Paralysis	Y	N
Constipation	Y	N	Poor Appetite	Y	N
Convulsions	Y	N	Rheumatic Fever	Y	N
Diabetes	Y	N	Ruptures/Hernias	Y	N
Diarrhea	Y	N	Sinus Problems	Y	N
Digestion Problems	Y	N	Tuberculosis	Y	N
Dizziness	Y	N	Walking Problems	Y	N
Fainting	Y	N			

Any Other Issues We Should Know About Your Child: _____

This clinic operates on a 'payment at the time of visit' policy. Fees for your child are displayed and queries can be made to any member of staff.

The information provided on this form is accurate to the best of my recollection. I have read the payment policy above and agree to allow discover chiropractic to examine my child for further evaluation.

Parent/Guardian Signature: _____ Date: _____