

Somerset Hills Chiropractic

CONFIDENTIAL PEDIATRIC PATIENT INFORMATION SHEET

139 Morristown Rd, Bernardsville, NJ 07924

(908) 221-0808

Child's Name _____
Date _____
Home Phone _____ Cell phone _____
Address _____ City _____ Zip _____
Age _____ Birth Date _____ School _____
Parent's names _____
Occupations _____
Employer _____ Office Phone _____
Emergency Contact _____
Phone _____
How did you hear about us? _____
Date of last physical examination _____
Has child been treated for any health conditions by a physician in the last year?
Yes ___ No ___
Describe _____

Primary complaints

How long has this been a problem? _____

Has your child been to a chiropractor before? Yes _____ No _____

Who? _____

Somerset Hills Chiropractic Pediatric History Form

Family History: Does this child or any other family member (parent, grandparent, or sibling) have:

Yes/Who:

Diabetes _____
Allergies _____
Type _____

Seizures _____
TB _____
Asthma _____
Migraines _____

Heart Disease _____
Kidney Disease _____
Bleeding Tendencies _____
Nervous Breakdown _____
Mental Illness _____
Digestive distress _____
Genetic Disorders _____
Other _____

Pregnancy:

Was this pregnancy typical, full term (9 months)? Yes ___ No ___

Complications: _____

Did mother have any illnesses during pregnancy? Yes ___ No ___

Did baby have any problems during first week of life? Yes ___ No ___

Any medication taken during pregnancy? Yes ___ No ___

What? _____

Drug or alcohol use during pregnancy? Yes ___ No ___ what? _____

Baby's Birth Weight _____ height _____

Type of delivery _____ any complications? _____

As far as you know, is your child's development typical? Yes ___ No ___

Concerns:

Immunizations received:

DTaP ___ Chicken pox ___ Meningococcal ___

Oral Polio ___ Rotavirus ___ HPV ___

MMR ___ Hep A ___

HepB ___ Flu ___

Other _____

Any vaccine reactions noticed? _____

How is child's appetite?

How was/is baby fed? Breastfed _____ How long? _____ or/and Bottledfed _____

Any feeding issues?

Would you describe child's general health as:

Healthy _____ Sensitive _____ Sickly _____

Why? _____

Would you describe child's behavior as:

Content _____ Agitated _____ Anxious/fearful _____

Fussy _____ Hard to manage _____ Temper tantrums _____ Clingy _____ Easy _____

Why? _____

Describe child's sleep habits

Has your child experienced:

Drug reactions Yes ___ No ___

School problems Yes ___ No ___

Surgery Yes ___ No ___

Hospitalizations Yes ___ No ___

Emotional issues Yes ___ No ___

Urinary infections Yes ___ No ___

Other _____

Abnormal bowel movements Yes ___ No ___ How often _____

Colic Yes ___ No ___

Feeding problems Yes ___ No ___

Skin rashes Yes ___ No ___ Heart

Murmur Yes ___ No ___

Trauma Yes ___ No ___

Abuse Yes ___ No ___

More info on yes answers:

Is your child taking any medications?

Is your child taking supplements/vitamins:

Does your child have a special diet or food sensitivities?

Is there anything else we should know about you and your child?

I, _____'s, parent/guardian, hereby grant consent for Chiropractic treatment by Somerset Hills Chiropractic, I have authority to grant consent for treatment.

Signature

Name and Relationship to child

Signature date

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this Chiropractic Office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this Chiropractic Office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

I will be paying today by Cash Check Credit Card

MasterCard Visa

Card # _____ Exp. Date _____

All accounts not paid within 90 days will *automatically* be put through on your credit card.