

Child Chiropractic Health Questionnaire

Welcome to our practice! Please complete all of the questions thoroughly. All information you share with us is confidential.

HFC

Horn Family
Chiropractic

Welcome to our office! It is well known that families who maintain strong healthy, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes, even cancer.



Name _____ Home Phone _____

Address _____ E-mail Address _____

City, State, Zip _____

Birth date _____ Age _____ Grade _____

1. Research shows that spinal problems often begin at birth. How old was your child when they received their first chiropractic checkup? _____ Most recent visit? _____ Never
2. Difficult, long and/or doctor-assisted births can cause spinal misalignments. Was your child born: vaginally, C-section, forceps, suction cup, or other device? (Please circle)
3. My child was born at (Please circle): Home Hospital Birthing Center
4. How long was the actual labor and delivery time? _____
5. Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problem? Y N _____
6. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your child's posture? Poor - 1 2 3 4 5 6 7 8 9 10 - Excellent
7. Did your child have early health challenges such as colic or frequent ear infections? Y N
8. Please list where your child is having pain today (i.e. neck, mid back, headaches, low back, legs, arms, shoulder, right or left etc.) _____

9. Does your child suffer from any of the following: allergies, sinus problems, bed-wetting, difficulty concentrating, ADD or ADHD, ear infections, headaches, seizures, colic, chronic colds, fevers, asthma? (Please circle)
10. Does your child have other health problems that concern you? _____

11. Do you miss work or sleep often due to your child's illnesses? Y N
12. Do you worry often about your child's health? Y N
13. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications is your child currently taking?

14. Falls, sports impacts and auto accidents can cause serious spinal problems. Is this visit related to an auto accident or injury? Y N Date of Incident _____

15. According to the National Safety Council, approximately 50% of infants fall head first from a high place (bed, changing table, high chair, stairs, etc.) during the first year of life. Has this happened to your child? Y N

16. How many prescriptions of antibiotics has your child taken?
During the past 6 months? _____ During their lifetime? _____

17. Which contact sports does your child play? (Please circle)
Soccer Football Gymnastics Karate Dance
Hockey Baseball Basketball Other _____

18. If the doctor feels that your child will benefit from chiropractic care are you willing to follow his/her recommendations? Y N

19. Would you like to receive our weekly health and wellness newsletter via e-mail? Y N

Please provide us with a copy of your health insurance card so we can verify any coverage and if you may be eligible for reimbursement from them.

How will you be paying for today's visit: (circle one) Cash Check Credit Card

The above information is true and accurate to the best of my knowledge. I understand that all fees are due and payable at the time of service.

Parent/Guardian Signature _____ Date _____