

Date: _____

File No. _____

Child Case History Update for _____

It has been awhile since your last visit. Consequently, your contact details and/or health details may have changed. We appreciate you taking the time to fill in this form.

1. Has your street address, phone number, or email address changed? Yes No

Please give details:

2. What is your child's primary health concern today?

What caused this pain/injury/symptom?

How long ago did this current bout begin? _____

Frequency of bouts: _____ Duration of bouts: _____

On a scale of '0-10' (0 = no pain, 10 = terrible pain), how bad is your child's discomfort currently? _____

As a parent or guardian, what is your level of concern about your child's symptoms?

Is the problem getting Worse? Better? Staying constant? Coming & going?

What increases the symptoms?

What decreases the symptoms?

What prior treatment have you had for this issue?

What was the diagnosis? _____

And outcome of treatment? _____

How long ago was your child's last chiropractic visit? _____

Notes:

3. Have you noticed changes in any of the following areas (please circle)

Sleeping

Feeding

Physical activity levels

Digestion

Bowel movements

General wellbeing

Behaviour

Concentration

Skin

Crawling

Vision

Weight

Irritability

Cry patterns

Immune system

Walking

Pain levels

Hearing

Please give details:

4. Is there anything you think your chiropractor should know concerning your child's health?

Patient's Name (printed)

Date

Patient's signature (or guardian signature, if under 18)

Chiropractor's signature