

**WHITFORD CHIROPRACTIC CLINIC, P.C.**

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**Pediatric Case History**

**Today's Date:** \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M / F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient's Parents/Guardians \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Phone (Cell/Work) \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

Is this a wellness check-up or is there a health problem? Please describe \_\_\_\_\_

Yes / No Are there any specific symptoms? Please list \_\_\_\_\_

Check any of the following conditions your child has ever had and state how many occurrences per day, week, month or year.

_____ Ear Infections	_____	_____ Chronic Colds	_____	_____ Recurring Fevers	_____
_____ Asthma/Allergies	_____	_____ Digestive Problems	_____	_____ Growing/Back Pains	_____
_____ Colic	_____	_____ Bed Wetting	_____	_____ Car Accident	_____
_____ Scoliosis	_____	_____ Headaches	_____	_____ Temper Tantrums	_____
_____ Seizures	_____	_____ ADHD	_____	_____ Other	_____

Yes / No Are there any problems with anyone at home? Please describe \_\_\_\_\_

Yes / No Is your child on any prescription or over the counter drugs? Please list \_\_\_\_\_

If so, how often has the child been given these? (once or multiple times a day, week, month, or year?) \_\_\_\_\_

Yes / No Has your child had any other type of care or treatment? Please describe \_\_\_\_\_

Yes / No Were there ANY complications in the birth process? (For example Caesarean, forceps, vacuum extraction, induction of labor, anesthesia, or spinal block)? Please describe \_\_\_\_\_

What were your child's APGAR Scores at birth? \_\_\_\_\_, \_\_\_\_\_.

Yes / No Vaccinations?

Yes / No Any reactions or changes since receiving? Please describe \_\_\_\_\_

Yes / No Has your child been developing normally? If not, describe \_\_\_\_\_

Yes / No Has your child ever fallen from ANY height? Please describe \_\_\_\_\_

Yes / No Has your child been involved in any kind of accident? (For example at the playground, day care, bicycle, rollerblading, or even an auto accident) Please describe \_\_\_\_\_

Indicate how you will be paying for today's services. Cash / Visa/MC/Discover / Insurance Contract

Please allow us to copy your insurance card.