

Paediatric Case History Form (5-15 year olds)

Name of Child..... D.O.B..... Age.....

Address.....

Contact number....Home..... Mobile.....

Name and ages of siblings.....

Mum's name..... Dad's name.....

It is a legal requirement that both parents/guardians/carers consent to chiropractic care of a child. To acknowledge that consent, please would you sign below?

1st Signatory 2nd Signatory.....

Please bring this form with you to the consultation, as it is a significant part of your child's case notes. At the consultation all aspects of your child's health will be discussed and a paediatric examination will be performed. This will consist of assessing growth and neurological development. Your child's spine will be examined and all findings discussed in detail with you.

Please would you just indicate below the main purpose for your visit?

Check-up only, no known problems.....

Main health concern, please specify.....

.....

.....

Please would you complete as many of the questions below as possible. Details need not be given as most points will be discussed during your appointment.

Maternal history

Did you require an epidural.....Y/N Caesarean.....Y/N Forceps....Y/N

Ventouse....Y/N

Any complications....Y/N

If yes please specify.....

Length of labour (contractions)..... Pushing stage.....

Childhood History

Does your child have a balanced diet..... Y/N

Do they eat fruit and vegetables.....Y/N

Do they eat a high proportion of junk food.....Y/N

Do they have any allergies that you know of.....Y/N

Do they suffer with any bowel or bladder disorders.....Y/N

At what age did you achieve daytime dryness..... night-time.....

Was your child vaccinated.....Y/N

Was there any reaction to the vaccination.....Y/N

Is there any history of-

Colic...Y/N	Vomiting...Y/N	Diarrhoea.....Y/N
Feeding problems.....Y/N	Constipation.....Y/ N	Asthma.....Y/N
Skin disorders.....Y/N	Ear Infections... Y/N	Bronciolitis...Y/N
Head Trauma...Y/N	Fractures..... Y/N	Surgery.....Y/N

Do you have any concerns regarding your child's sight....Y/N Hearing.....Y/N

If yes, please specify.....

Does your child struggle with balance or co-ordination.....Y/N

Do you ever notice a strange position of your child's feet or knees when either standing, walking or running(ie.knock kneed or intoeing).....Y/N

If yes, please specify.....

Does your child exhibit any behavioural disturbances.....Y/N

If yes, please specify.....

Does your child ever get nightmares.....Y/N

Does your child have mood swings..... Y/N

Does your child enjoy school.....Y/N

Does your child have any learning problems.....Y/N

If yes, please specify.....

Do you have any concerns regarding your child's social skills, either at home or school.....Y/N

If yes, please specify.....

Has your child had any injuries.....Y/N

If yes, please specify.....

What hobbies does your child have.....

.....

Thank you, for taking the time to complete this form, I look forward to meeting you and your child.