

Baby's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Sex: M / F Birth Date: \_\_/\_\_/\_\_

Parents Name: \_\_\_\_\_ Today Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Who may we Thank for referring you to our office? \_\_\_\_\_

## Your Baby's Health Profile

### Why This Form Is Important

As a Wellness Chiropractic office, we focus on your ability to be healthy. On a daily basis we experience physical, chemical and emotional stresses that can accumulate and result in serious loss of health potential. Babies are very sensitive to the stress parents have and this causes stress in them. Most times the effects are gradual not even seen until they become serious. Research is showing that many of the health challenges that occur later in life have their origins during the developmental years, some starting at birth. Answering the following questions will give us a profile of the specific stresses your baby has faced, allowing us to better assess the challenges to your baby's health potential.

If your baby has no symptoms or complaints, and is here for wellness care, please check (✓) here \_\_\_\_ Others need to briefly describe the problem/difficulty your baby is experiencing. Please rate 0-10 with 10 being the worst.

1. \_\_\_\_\_ 0-10 = \_\_\_\_\_,

2. \_\_\_\_\_ 0-10 = \_\_\_\_\_,

3. \_\_\_\_\_ 0-10 = \_\_\_\_\_,

4. \_\_\_\_\_ 0-10 = \_\_\_\_\_,

What makes it better: 1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

What makes it worse: 1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

How did the problem(s) start?: \_\_\_\_\_

Is the Problem getting  Better  Same  Worse, Explain: \_\_\_\_\_

Other Doctors Seen for this Condition  NO  YES, Doctors' Names and Prior Treatment: \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_ Date of last visit \_\_/\_\_/\_\_ Reason: \_\_\_\_\_

Number of Doses of Antibiotics Your Baby Has Taken: \_\_\_\_\_ List: \_\_\_\_\_

Number of Doses of Prescription Medication Your Baby Has Taken: \_\_\_\_\_ List: \_\_\_\_\_

Number of Doses of Non-Prescription Medication Your Baby Has Taken: \_\_\_\_\_ List: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Hospital/Emergency Room visits: \_\_\_\_\_ Prior Surgery: \_\_\_\_\_

**PRENATAL HISTORY:** Name of Midwife /OB: \_\_\_\_\_ # of Pregnancies/children: \_\_\_\_\_

Complications During Pregnancy:  Toxemia  Diabetes  Morning Sickness  Heartburn  Back Pain  Headaches  Other

Mothers' Health/Nutrition  Poor  Good  Excellent, Stress During Pregnancy: Please rate 0-10 with 10 being the most. \_\_

Family History Of: Diabetes, Heart/Cardiovascular Problems, Other anomalies: \_\_\_\_\_

Falls/Injuries/Accidents During Pregnancy: \_\_\_\_\_

Ultrasounds  No  Yes, Number: \_\_\_\_\_ Reasons for: \_\_\_\_\_

Other Test/Procedures  No  Yes, Reasons for: \_\_\_\_\_

Prescription/Non-Prescription Medications During Pregnancy: \_\_\_\_\_

Complication During Delivery:  No  Yes,  C-Section  Vacuum/Forceps  Induced  Epidural  Fetal distress  Meconium

# Weeks of Pregnancy \_\_\_\_\_ What Part Presented First \_\_\_\_\_ Length of Labor \_\_\_\_\_ Pushing \_\_\_\_\_

Baby's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

**Birth Injuries:** Bumps/Bruises/Swelling \_\_\_\_\_ Broken Bones \_\_\_\_\_ Other \_\_\_\_\_

Birth Weight \_\_\_\_\_, Birth Length \_\_\_\_\_, APGAR \_\_\_\_\_, \_\_\_\_\_, Oxygen no yes, \_\_\_\_\_ ICU no yes, \_\_\_\_\_

Cry strong weak none, Color pink blue face hands feet body, Activity arms & legs moving alot little none

**Feeding History:** Breast Fed: No Yes, How Long \_\_\_\_\_ Difficulties No Yes \_\_\_\_\_

Does Baby Prefer One Side: No Yes, Right, Left, Formula: No Yes, Started When \_\_\_\_\_ List \_\_\_\_\_

Introduced Solids: No Yes, When \_\_\_\_\_ How \_\_\_\_\_ Cow's Milk No Yes, When \_\_\_\_\_

Food/Juice Allergies or Intolerances: No Yes, List: \_\_\_\_\_

**DEVELOPMENTAL HISTORY:** During the following times your baby's spine is most vulnerable to stress and should be routinely checked by a doctor of chiropractic for prevention and early detection of Vertebral Subluxation (spinal nerve interference). At what age was your child able to: Hold Head Up \_\_\_ Roll Over \_\_\_ Sit Up \_\_\_ Crawl \_\_\_ Stand Alone \_\_\_ Walk Alone \_\_\_

**Vaccines:** No Yes Partial Complete: Birth 2mo 4mo 6mo Chicken Pox Flu Other \_\_\_\_\_

Reactions: (Fever, Fussy, Ect.) Slight Mild Severe, List: \_\_\_\_\_

**Check any of the Following that Your Baby has suffered from:** Falls \_\_\_\_\_ Car Accident \_\_\_\_\_

Ear Infections \_\_\_\_\_ Asthma \_\_\_\_\_ Inconsolable Crying/Colic \_\_\_\_\_

Digestive Difficulties \_\_\_\_\_ Recurrent Fevers \_\_\_\_\_ Frequent Colds \_\_\_\_\_

Seizures \_\_\_\_\_ Tremors \_\_\_\_\_ Sleep Problems \_\_\_\_\_

Allergies/ Sinus \_\_\_\_\_ Head Tilt \_\_\_\_\_ Feeding Difficulties \_\_\_\_\_

Rashes/Dry skin \_\_\_\_\_ Foot/Hip/Leg Problems \_\_\_\_\_ Hand/Arm/Shoulder Problems \_\_\_\_\_

Difficulties Breathing \_\_\_\_\_ Arches Back \_\_\_\_\_ Weight Loss/Poor Weight Gain \_\_\_\_\_

Constipation/Diarrhea \_\_\_\_\_ Spitting Up/Vomiting \_\_\_\_\_ Jaundice \_\_\_\_\_

Excessive Gas \_\_\_\_\_ Head Banging \_\_\_\_\_ High Pitch or Weak Cry \_\_\_\_\_

Kidney Dysfunction \_\_\_\_\_ Heart Conditions \_\_\_\_\_ Hernias \_\_\_\_\_

Grind/Clench Teeth \_\_\_\_\_ Dental Problems \_\_\_\_\_ Nightmares \_\_\_\_\_

### TERMS OF SERVICE

When a person seeks chiropractic care and we accept someone for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal, to detect and correct/reduce the vertebral subluxation. It is important that each person understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. We also strive to inform you how minimize or manage physical, chemical and emotional stress that creates the subluxations.

**ADJUSTMENT:** An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method is by specific adjustments of the spine and extremities.

**HEALTH:** A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

**VERTEBRAL SUBLUXATION:** A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate wisdom/ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend you seek the services of a health care provider who specializes in that area. Regardless of what disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations. If a lifetime of a better functioning body is what you want for you, your family, and friends, then welcome! You are in the right place.

I, (Printed name) \_\_\_\_\_ (Signature) \_\_\_\_\_ undertake chiropractic services on the understanding of and agreement with, the above explanation. \_\_\_\_\_ (Date).

Consent to evaluate and adjust a minor and/or child: I, \_\_\_\_\_ (Print name) being the parent or legal guardian of \_\_\_\_\_ (Print name) give permission for my child to receive chiropractic care.