

PEDIATRIC CONSULTATION

Name _____ Date _____

The vast majority of our patients have experienced literally dozens of impacts that could cause subluxated vertebra.

What was your child's birth like? _____

How long was the entire labor? _____ How long did you actually push? _____

Were you induced? YES NO Nerve Block? YES NO C-Section? YES NO

Was there any pulling on the head? YES NO Forceps or Vacuum Extraction used? YES NO

47% of all children fall on their head by the age of one and they have at least 200 more major falls by the age of 5 years old.

When was your child's most recent fall? _____

Was any care given? _____ Was she/he checked by a Chiropractor? YES NO

And the fall before that? _____ Any Care given? YES NO

What sports or recreational activities does she/he do? _____

When was his/her most recent strain, stress or injury while doing these activities? _____

Care Given? YES NO

Has he/she been involved in a motor vehicle accident (as a passenger)? YES NO

Briefly describe:

Any treatment received? YES NO Chiropractic? YES NO

Thank you for explaining your son's/daughter's history of accidents and traumas. This will help the doctor to understand the case.

Does she/he have any health concerns? YES NO _____

If so, how long? _____

Subluxated vertebra can cause irritation to different fibers within nerves that can affect any organ, tissue causing conditions now or in the future.

Are there any others conditions he/she is or was experiencing? _____

For how long? _____

Depending on the type and degree of the subluxated vertebra, the nerve pressure can be constant or occasional. How often does he/she have this condition? _____

Any medications? _____