Health history

For children, newborn to 12 years

Child's Full Name: _____

D.O.B. _____ Age_____

Parent's full name and contact

Parent's name		
Address		
Phone number		
Email		

What concerns do you have regarding your child's health?

_____

_____

Birth story

Was your child delivered:

- ☐ Normally
- ☐ Breech
- ☐ C-section
- ☐ At term
- ☐ Induced
- ☐ Posterior
- ☐ Epidural
- ☐ Premature
- ☐ Waters broken
- ☐ Suction cups
- ☐ Forceps
- ☐ Late

Birth weight: _____
Apgar score: _____
Was your child's head mis-shapen at birth: Y/N

Duration of labor: _____
Duration of pushing: _____

Were there any complications? _____

Harmonie
CHIROPRATIQUE

Birth to 6 Months

Did your baby…

☐ Breastfeed?	How long?	☐ Had colics?	Mild/moderate/severe
☐ Formula feed?	What type?	☐ Had reflux?	Mild/moderate/severe
Have good quality of sleep?	Y / N	In which position did they sleep?	

Current history

Describe any injury your child incurred. (car accident, falls, surgery, emotional….)

List any current or past childhood illness.

List medication current or occasional.

Which if the following health practitioners has seen your child? When and why?

☐ Physiotherapist	☐ Paediatrician	☐ Occupational therapist
☐ Nutritionist	☐ Naturopath	☐ Osteopath
☐ Chiropractor	☐ Psychologist/Psychiatrist	☐ Other

I hereby authorize the chiropractor to conduct the exams necessary to open my child's file. I understand that some patient may feel a slight aggravation of symptoms following the examination. Although these symptoms are generally don't last long, it is important to mention them to the chiropractor at the next visit.

Signature: _____ Date: _____