Today's Chiropractic Clinic, P.S.
"Gentle effective back and neck care for the active family"
614 South 225th, Des Moines, WA 98198
Telephone: 206-878-BACK (2225)

Pediatric Intake Form

Please take a moment to answer the following questions that are designed to maximize your child's health. Many types of stress (physical, mental, chemical) can interfere with your child's growing spine and nervous system. Spinal health is an exciting new concept for many people, so please remember to ask questions.

Child's Name_____ **Date of Birth**_____
Parent's Names_____ **Phone #**_____
Address_____

1. Is your child currently benefitting from Chiropractic care Y/N If YES. last visit:_____
2. Please **Circle** Appropriately: Birth Place: Home/ Hospital/ Birth Center
   Type: Vaginal/ C-section Procedures: Forceps/ Vacuum Extraction

3. Please list all sports and activities that your child participates in:_____
_____

4. According to the National Safety Council, approximately 50% of infants fall head first from a high place (bed, changing table, etc) during the first year of life. Has this happened to your child? Y/N
If YES Please explain briefly _____
_____

5. Please circle any of the following conditions the your child has suffered from in the last 6 months:

Ear Infection	Scoliosis	Seizures	Chronic Colds	Head Aches
Asthma/Allergies	Digestive Problems	ADHD	Recurring Fevers	Other_____
Colic	Bed Wetting	Car Accident	Growing Pains	

6. In the last year has your child taken or is your child currently taking any prescription or over the counter medications? Y/N If YES, please list the name of the medication and the reason for its use:
_____

7. Has your child been fully vaccinated? Y/N If YES, have there been any adverse reactions? Y/N

If so has the reaction been reported? Y/N

Please list all reactions of your child and other family members_ _____
_____
_____
(If you would like more information on vaccination please let your doctor know)

8. Please list any and all concerns you have about your child's health that have not been addressed yet:
_____
_____
_____

9. Parental Consent: I, _____, give permission for my child, _____, to be examined by the Providers at Today's Chiropractic Clinic.

Signature:_____ Date_____