



Child's Details

Full Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

Address: _____ Suburb: _____ Postcode: _____

Home Phone: _____ Email: _____ Mobile: _____

Family Details

Names of Parent/Guardians: _____

Names and Ages of Siblings: _____

How did you hear about us?

Health Practitioners _____ Friend/Family _____ Google _____

Website _____ Facebook _____ Other _____

Your baby's symptoms: 1. _____

2. _____

3. _____

How long has this existed for? _____ Is it getting better, worse or staying the same? _____

Have you had a previous diagnosis? No Yes, details: _____

Are you undergoing treatment, if so details: _____

Is your child taking any medication?

Drug/medication Names	Reasons for use

Has your child had any injuries or falls? No Yes 1. _____

2. _____

Has your child had any other medical treatment or procedures done?

PRE-BIRTH HISTORY

Mothers Age: _____

Previous Pregnancies: No Yes Number: _____

Ultrasounds: No Yes Number: _____

Foetal Issues: No Yes

Medication taken: No Yes, details _____

Cigarettes: No Yes

Alcohol: No Yes

Caffeine: No Yes

BIRTH HISTORY

Length of pregnancy: _____ Weeks.

Were you induced? No Yes

Birth Place: Hospital Home Other _____

Vaginal Birth: No Yes Memb Rupture: No Yes

Forceps: No Yes Vacuum: No Yes

Epidural: No Yes Traction: No Yes

Labour Medication: No Yes

Length of Labour: Contractions: _____

Pushing: _____

Placenta: _____

C-Section: No Yes Planned Emergency

Presentation: Anterior Posterior Transverse Breech

POST-BIRTH HISTORY

Resuscitation needed: No Yes

5min APGAR: _____ Birth weight: _____ Birth Length: _____ Head Circumference: _____

Genetic disorders: No Yes, details _____

Did your baby receive any medication: No Yes, details _____

Jaundice Lights: No Yes

FEEDING HISTORY

Breast Feeding: No Yes How long? _____

Formula Fed: No Yes When? _____ Which formula are you using? _____

Does your baby fuss when feeding? No Yes

Pull off & Arching: No Yes

Pull off & Shaking Head: No Yes

Reflux or Projectile Vomiting: No Yes, how often: _____ What Volume? _____

Sucking Ability: _____

Swallowing/coughing/dribbling: _____ Time Taken: _____

Falling Asleep whilst feeding: No Yes, how often: _____

Wheeze: _____



Solids: No Yes

Cows milk: No Yes

Wheat: No Yes

Food intolerances or allergies: _____

How often does your baby poo? _____ Do you sense they are straining? _____

How many wet nappies per day? _____

SLEEP PATTERNS

Night: _____

Day: _____

GENERAL

Vaccinated? No Yes Any reactions noted? _____

How many times has your child taken antibiotics? _____ What issues were you addressing? _____

Prolonged Crying: No Yes, details _____

Response to: Dressing: _____

Nappy Change: _____

Bath: _____

Car Travel: _____

Do you feel your baby is calm and content: No Yes

DEVELOPMENTAL MILESTONES

At what age did your child reach the following milestones?

Reaching for objects: _____ Propping himself up on his tummy: _____

Playing with his own two hands: _____ Started to roll over: _____

Will sit up when pulled by hands: _____ Rolling fully: _____

Sit alone and go into crawl position: _____ Sitting on own and crawling: _____

Standing on furniture: _____ Starting to walk: _____

Lower from standing: _____ Cruise furniture: _____

Any other comments you would like to make?

Dr Comments:

Systems Review: _____

PATIENT INFORMATION

ABOUT PAEDIATRIC CHIROPRACTIC:

Chiropractic care for children has a remarkable safety record. Studies done into paediatric chiropractic have failed to find any consistent evidence of serious adverse reactions. In rare cases mild irritability after the adjustment has been recorded.

Chiropractic care for children is gentle and is not painful. Your baby may be unaware of what is happening during the consultation and this may be a reason for any tears. The amount of pressure used to treat a baby is no more than the pressure you would use putting your finger in your eye comfortably. Paediatric patients are very flexible and have a much broader range of motion than adults, any assessment or treatment procedures are performed within a baby's normal range of motion.

At [Mona Vale Chiropractic](#) we are committed to the safest and most effective methods of restoring normal functioning in your baby. You will notice that chiropractic for children is very different than for adults. Babies in particular need very little pressure to make necessary changes and achieve the desired result. Babies also do not have years of damage to their spines and therefore respond much faster than adults.

The majority of newborn complaints will be from the birth process or soon after, the sooner this is corrected from the time of birth, the better your baby will be. In fact studies have shown that even a normal, uncomplicated birth can result in neurological or biomechanical abnormalities in nearly 80% of births.

Chiropractic for babies has been shown clinically to improve feeding and latching issues, poor suck and poor reflexes, irritability/colic, sleep issues, postural distortions, delayed developmental milestones, learning and behavioural problems. As more money is invested into chiropractic research, the evidence is building overwhelmingly in support of paediatric chiropractic.

DECLARATION:

I have read the above information and have noted any question I wish to discuss with my Chiropractor. I hereby give consent for my child to receive Chiropractic by any of the Chiropractors at [Mona Vale Chiropractic](#) and I acknowledge that I can ask questions at any time and revoke my consent to care at any time.

Patient's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Chiropractor's Signature: _____

Date: _____

Miller, J., Benefield, K. (2008) Adverse effects of spinal manipulation therapy in children younger than 3 years: A retrospective study in a chiropractic teaching clinic JMPT 2008.06.002