

Lucks Yard Clinic Paediatric form age 0-2

Child's Name: Date of Birth:.....

Mother's Name: Occupation:.....

Father's Name: Occupation:.....

Address:
..... Post Code.....

Telephone (Home): Telephone (Work):

Telephone (Mobile): E-Mail Address:.....

G P Name & Address:

May we write to your GP?:

Name of Health Visitor:

Name of midwife:

How did you hear about Chiropractic / this clinic?:

Present Complaint:

Have you consulted anyone else?:

Has your baby had any medical treatment / scans / x-rays / surgery?:

Are you or your baby on any medication?.....

Was your baby born with any congenital disorder?:

Is there any family history of illness?:.....

Has your baby had the following vaccinations?.....1st dose 5-in-1:.... DTaP/IPV/Hib (2 mo)

2nd dose 5 in1....Meningitis (3 mo)... 3rd dose 5-in-1...Pneum/Mening (4 mo).....

Menin/ Hib B/ MMR/ Pneumo (12 mo) Any reactions?:.....

Has your baby had any childhood illnesses?..... Any known allergies?:

Are there any feeding difficulties?:

Is/was the baby on Bottle Breast Both

When was your baby weaned (if applicable)..... Easy to wind?:

Any reflux/vomiting?..... a little a lot projectile

Sleep well?:..... Use a dummy?:

Constant crying?: Regular bowel movements?:

How many wet nappies a day?.....

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PRENATAL / BIRTH

Any maternal illness or drugs during pregnancy?:

Number of previous pregnancies:..... Number of ultrasound scans?:

Duration of Birth: (from onset of labour)..... 2nd stage.....

Length at birth..... Weight at birth.....

Head circumference..... AGPAR Score:.....

Was the Birth:
(Please circle any of the following that apply)

Premature	Due date	Overdue by _____ days/weeks	
Induced	Forceps	Ventouse	
Breech	Face or forehead presentation		
If Caesarean	Planned	Emergency	
Did the Baby Have:	Bruising	Jaundice	Special Care _____

Milestones:
Tick if achieved / cross if not achieved yet

6 weeks	smiling.....	3 months	Head steady.....
7 months	sits unaided.....	9 months	stands unsupported.....
11 months	crawling.....	12 months	2 or 3 recognisable words.....
14 months	walks unaided.....	16 months	holds and drinks from a cup.....

CHILD CONSENT

I hereby give my consent for my child to be examined by the Chiropractor using chiropractic methods as seen fit.

Parent / Guardian
(Signature)

Signed Date.....
(Print Name)

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Date	Patient Name	Patient Number
<p>1. MOTHERS ANTENATAL HISTORY Pregnancy Prev pregnancies Illnesses Infection Vomiting Pre-eclampsia Anaemia Back pain Diet</p> <p>2. PERINATAL HISTORY Place of birth Duration of preg Duration of labour Ease of birth Intervention</p> <p>3. HISTORY OF CONDITION</p> <p>4. ONSET</p> <p>5. AGGRAVATING FACTORS</p> <p>6. RELIEVING FACTORS</p> <p>7. ASSOCIATED SYMPTOMS</p> <p>8. CHILD'S HEALTH BREAST HOW MUCH? HOW OFTEN? DIFFICULTY? SUCK SWALLOW BREATHING 1 2 3 4 5</p>		<p>BOTTLE BRAND? CHANGE? HOW MUCH? HOW OFTEN?)</p> <p>SOLIDS/WEANING WHEN? LIKES / DISLIKES</p> <p>REGURGITATION</p> <p>ALLERGIES</p> <p>INTOLERANCES</p> <p>FLATUS</p> <p>COLICKY?</p> <p>BOWELS FREQ? VOLUME? COLOUR? TEXTURE? ODOUR? MUCOUS? DIFFICULTY?</p> <p>BLADDER NUMBER WET NAPPIES?</p> <p>SLEEP PATTERN? DURATION? POSITION?</p> <p>CRYING PATTERN? DURATION? FREQUENCY? PITCH? EASILY UPSET?</p> <p>9. OTHER RELEVANT INFORMATION Temperature control</p> <p>Alertness</p> <p>Responsiveness</p> <p>Spontaneous movements</p> <p>ENT</p>

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EXAMINATION

General observation

- Eyes
- ENT
- Skin
- Rash
- Birth marks
- Colour
- Hyper/hypotonicity
- Tremor
- Abdomen
- Chest
- Extremities
 - Gluteal Folds
 - Hands
 - Leg creases
 - Feet

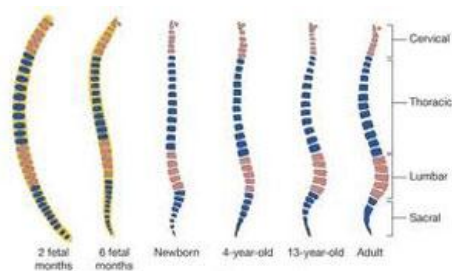
Reflexes

Vital signs

- Lymph nodes
- Fontanelles ...3...2...1...closed
- Temperature.....°C
- Heart rate.....pm
- Respiratory rate.....pm
- Head circumferencecm
- Length/height.....cm
- Weight.....Kg

Reflex	Age expected	Present	Absent
GALANT	0-2 months		
PEREZ	0-6 months		
ASYMMET TONIC NECK (ATNR)	0-6 months		
PLANTAR RESPONSE	0-18 months		
PLACING	0-6 weeks		
MORO	0-4 months		
ROOTING	0-4 months		
SUCKING	0-4 months		
PALMAR GRASP	0-6 months		
BLINK	0-12 months		
CLONUS	2-4 months		
VERTICAL SUSPENSION			
TLR			

Notes:



Spinal development screen

- 0-3 months – cervical lordosis / neck righting reflexes
- 4-8 months – lumbar lordosis
- 9-14 months – gait development

- observed not observed
- present absent
- present absent

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Spine

Occ C1
C1 C2
C2 C3
C3 C4
C4 C5
C5 C6
C6 C7
C7 T1
T1 T2
T2 T3
T3 T4
T4 T5
T5 T6
T6 T7
T7 T8
T8 T9
T9 T10
T10 T11
T11 T12
T12 L1
L1 L2
L2 L3
L3 L4
L4 L5
L5 S1

SKULL/Head Shape



Frontal
Parietal
Temporal
Occiput
Sphenoid
Palate/Vomer
Facial Vault
Teeth/Gums
TMJ
Eyes
Ears
SCM
Hvoid

ORTHOPAEDIC TESTING

	Left	Right
Ortolani		
Barlow		

Torso Symmetry

CRANIAL NERVES

CN	Action	R	L
II	Turns head to object in visual field? Fields - full to confrontation - pupil diameter/pupil symmetry - reactive to light (direct and consensual) - accommodation/convergence Fundus		
III / IV / VI	Conjugate eye Extra-ocular movements full Nystagmus / Ptosis		
V	Motor – tone of mastication muscles		
VII	Facial expression – symmetrical Blink / Unexplained lacrimation		
VIII	Eyes look toward sound		
IX / X	Gag reflex Palate elevation Speech and swallow observed		
XI	SCM – symmetrical head rotation?		
XII	Tongue - Protrusion to midline? - Full strength - Fasciculation?		

Age	Fine Motor	Gross Motor	Adaptive	Social	Communications
4 weeks		Good head control when held erect	Occasional eye following	Recognises facial form	Guttural sounds
8 weeks		Head up when prone	Follows	Smiles	Early cooing
12 weeks	Opens hands, grasps all objects	Assumes part of body weight with arms when prone	Regularly looks at objects in hand	Reaches for familiar objects	Laughs
6 months	Uses hand in raking motion	Rolling over	Transfers from hand to hand	Plays with hands	Speech is unclear
9 months	Picks up objects using fingers and thumb	Sits unsupported	Feeds from a cup unassisted	Plays with feet, clearly shows joy / displeasure	Ma-ma, da-da, one or two recognisable words
12 months	Well-developed pincer grip, simultaneously turns 2-3 pages of a book	Crawling established	Holds bottle unassisted	Finger feeds, plays peekaboo	Gestures, jargon
18 months	Turns a page one at a time	Stands unsupported, walks with minimum assistance, runs well, walks upstairs	Builds tower of 2 cubes, feeds self with utensils, scribbles	Understands yes and no, pulls a wheeled toy	4-6 meaningful words, begins two word phrases

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PATIENT CONSENT

- ◆ I have received a full explanation of my baby's condition
- ◆ I have had the opportunity to ask questions
- ◆ I have been advised of all treatment options and likely benefits
- ◆ I have been advised of possible side effects associated with treatment
- ◆ I am happy for a full report to be sent to my GP
- ◆ I consent to chiropractic treatment for my baby
- ◆ I consent to all data being kept on electronic data base

Signed..... Date.....

(parent/guardian to sign)

CASE SUMMARY	PATIENT NAME: D.O.B
<ol style="list-style-type: none"> 1. Presenting Complaint 2. Relevant Assessment Findings 3. Diagnosis / Clinical Impression 4. Differential Diagnosis 5. Plan of Management 6. Objectives for Care 7. Prognosis / Prognosis Factors 8. Review Date 	

X-RAY / SPECIAL IMAGING REPORT





X-Rays Evaluated (inc views, dates and institution)

Radiological Findings


Clinical Impression

Further Studies


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1		
2		
3		
4		


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5		
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Date	Patient Name	Patient No:
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6		
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7		
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8		
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9		
10	