

Child's Name: Date of Birth:

Mother's Name:Father's Name:

Address:

..... Post Code.....

Telephone (Home): Telephone (Work):

Telephone (Mobile): E-Mail Address:

G. P. Name & Address.....

Do you have any health insurance? Yes No Which company.....

How did you hear about Chiropractic / this clinic? GP Health Visitor Friend/Family

Internet search Our website Advert Other:

Present Complaint:
.....

Have you consulted anyone else?:

Is your child on any medication?

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

Was your child born with any congenital disorder?:

Any road traffic accidents or other accidents?.....

Has your child had any vaccinations?.....Any reactions?:.....

Has your child had any childhood illnesses?.....

Any known allergies?:

Does your child have a good diet?

Regular bowel movements?:

Does your child sleep well? Yes No

Is your child dry by day Yes No

Dry by night? Yes No .

No: of siblings.....

Any other information you think might be relevant?

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PRENATAL / BIRTH

Any maternal illness or drugs during pregnancy?:

Were there any complications during delivery?.....

How was your child fed? Breast Bottle Both When did they start solids?.....

Milestones:

Tick if achieved / cross if not achieved

7 months - sits unaided..... 9 months - stands unsupported.....

Did your child bum-shuffle? Yes No

11 months – crawling 14 months - walks unaided.....

2 years – says short sentences..... 3 years – self dressing.....

FAMILY MEDICAL HISTORY

(parents/siblings)

- | | | |
|-----------------------|-----|----|
| - Allergies | Yes | No |
| - Reflux/IBS | Yes | No |
| - Asthma | Yes | No |
| - Headaches/Migraines | Yes | No |
| - Skin disorders | Yes | No |
| - Delayed Development | Yes | No |

CHILD CONSENT

I hereby give my consent to physical examination for my child by the Chiropractor.

Parent / Guardian Date.....
(Signature)

(Print Name).....

Under the Data Protection (1998) Act, we are required to retain information for the purpose of consultation for treatment, recording subsequent treatment, and for the use of third party medical practitioners only, at the request of the patient, in writing. Upon completion of the Patient Details Form, Data Protection and Consent forms, all paper files and information therein may be electronically scanned and stored on computer file for as long as the patient remains a patient of the Clinic, and upon completion of treatment for a period of no less than 7 years thereafter.

All information are held in files only accessible by the staff of the Clinic, who are directly involved in the data entry and processing of patient records. I, the undersigned (Parent/Guardian), acknowledge that I have read the Data Protection Policy (above) and do hereby give consent to the Chiropractor to maintain records for the purpose outlined within the policy

Parent / Guardian Date.....

I have read the information sheet and leaflets and been given a Report of Findings regarding my child's condition. I have had the opportunity to ask questions and been advised of all treatment options available. I have been advised of possible side effects associated with treatment. I consent to chiropractic treatment for my child as outlined to me.

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

Date	Patient Name	Patient Number
<p>1. HISTORY OF CONDITION</p> <p>2. ONSET</p> <p>3. AGGRAVATING FACTORS</p> <p>4. RELIEVING FACTORS</p> <p>5. ASSOCIATED SYMPTOMS</p> <p>6. MOTHERS ANTENATAL HISTORY</p> <p>7. NEONATAL HISTORY</p> <p>8. FAMILY HISTORY</p> <p>9. CHILDS'S HEALTH NOURISHMENT HYDRATION MUSCLE TONE JOINT MOBILITY</p>		<p>9. CHILDS'S HEALTH</p> <p>ALLERGIES OR INTOLERANCES</p> <p>FEEDING/DIET FUSSY EATER</p> <p>FLATUS</p> <p>BOWEL HABITS ANAL FISSURES</p> <p>BLADDER</p> <p>SLEEP</p> <p>CRYING</p> <p>PHYSICAL DEVELOPMENT GROWTH CHARTS CRAWLING/GAIT</p> <p>PRE-SCHOOL</p> <p>HOME</p> <p>RECREATION</p> <p>ACTIVITY LEVELS</p> <p>10. OTHER RELEVANT INFORMATION</p> <p>Headaches TATT Hyperactivity Difficulty sitting still or catching ball Sensory Integration Dysfunction Emotional Anxiety Dyslexia/Dyspraxia</p>

