

# Erindale Chiropractic Health Centre

## INFANTS/ CHILDREN CASE HISTORY

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SHSP#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

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Who referred you to our office? \_\_\_\_\_

What is your reason for consulting our clinic? General spine exam? \_\_\_\_\_

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What was the length of the delivery? Caesarian Section? Vaginal Birth?  
Forceps? \_\_\_\_\_

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Were there any complications during the pregnancy or delivery? \_\_\_\_\_

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What was the child's birth weight? \_\_\_\_\_ Current weight? \_\_\_\_\_ Length? \_\_\_\_\_

Are/were they breast fed? \_\_\_\_\_ Bottle fed? \_\_\_\_\_ What type of formula? \_\_\_\_\_

Does he/she tend to favour one side when nursing? \_\_\_\_\_

Has the child ever had any food allergies? Sensitivities? \_\_\_\_\_

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How many bowel movements per day? Any obvious discomfort with bowel movements?  
\_\_\_\_\_

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How many wet diapers per day? \_\_\_\_\_

Is your child gassy? \_\_\_\_\_

Are they difficult to burp? \_\_\_\_\_

Has your child been involved in any motor vehicle accidents? Injuries? Treatment?

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Has your child experienced any major falls? \_\_\_\_\_

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Has your child experienced any major childhood infections? \_\_\_\_\_

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Have they taken any prescription medications of antibiotics? \_\_\_\_\_

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Does your child exhibit any difficulty with movement of head or body awkwardness?

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Has your child begun crawling? Walking? At what age? \_\_\_\_\_

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Are they very physically active? \_\_\_\_\_

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Has your child experienced any of the following:

\_\_\_ Asthma

\_\_\_ Constipation

\_\_\_ Allergies

\_\_\_ Difficulty concentrating

\_\_\_ Skin rashes

\_\_\_ Bed wetting

\_\_\_ Frequent fevers

\_\_\_ Colic

\_\_\_ Sinus infections

\_\_\_ Seizures

\_\_\_ Ear infections  
(which side) \_\_\_ right \_\_\_ left

\_\_\_ Unexplained irritability

\_\_\_ Vomiting

\_\_\_ Excessive crying

\_\_\_ Excessive abdominal gas

\_\_\_ Other: Explain \_\_\_\_\_

\_\_\_ Diarrhea

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