CHILDREN'S CASE HISTORY

CHILD'S NAME_____Birthdate_____Sex_____

Address_____City_____Zip_____

Parents' Names_____

Parent's Phone_____Work#_____

Siblings and ages_____

_____

Who referred you to our office_____?

CAUSE

The human body is designed to be healthy. The primary system in the body which coordinates health is the nervous system. The healthy function of every cell, every system, and every organ is dependent upon the integrity of the nervous system. The bones of the skull and vertebrae of the spine house and protect the central nervous system.

From the birth process until the present, events have occurred in your child's life which may have caused interference and damage to this delicate system. Physical, emotional and chemical stresses common to our contemporary lifestyles can result in misalignment and damage to the spinal column. This interference is called the Vertebral Subluxation Complex.

This form will help reveal the causes of Vertebral Subluxation which interfere with the optimal function of your child's nervous system and therefore impair your child's inborn health and well-being.

VERTEBRAL SUBLUXATION ASSESSMENT

1. Has your child been checked by a Doctor of Chiropractic? ____yes____ no
Who?_____
Were x-rays taken? _____. Who is your regular pediatrician? _____

2. Experts around the world agree: the birth process as we know it may cause extensive neurological trauma, damage and even death to the infant.

Did you have ultrasound during this pregnancy? _____ Frequency_____
- Place of birth: Home/ Birthing Center/   Hospital .
- Provider: Midwife/ OB-Gyn/ Other_____
- Type of Birth: Vaginal   / C-section. Was anesthesia used? _____ Type_____
- Was labor induced?_____ If yes, why?_____
- What position did you deliver in: Squatting/ On Back
- Birth Trauma: Doctor assisted/ Twisting, Pulling/ Vacuum Extraction/ Forceps
- Newborn trauma (medical procedures and
tests)_____

3. Did you breast-feed your child? _____yes _____ no.   How long? _____

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Was your decision supported by your health care provider? ___yes___no.
Repeated studies are now informing us breast-feeding develops strong and healthy immune, neurological and digestive systems.

4. According to the National Safety Council approx. 50% of infants have fallen onto their heads during their first years of life. Another study reveals 1/4 million children are injured in playgrounds annually. Can you recall any such jolts, falls or traumas to your child? _____yes_____ no   Please Describe: _____
_____
Any fractures or dislocations? _____

5. Which sports does your child play? Soccer/ Football /Gymnastics/ Karate/ Hockey/ Lacrosse/ Basketball/ Dance/ Wrestling/ Baseball/ Other_____.

6. Other than the 5 hours per day spent sitting in the classroom, does your child spend additional prolonged time sitting? __yes___no. Is it in front of a computer or TV? _____

7. How would you rate your child's diet?_____
Does your child consume artificial sweeteners? _____ Fluoridated water?_____

8. Circle any of the following conditions your child has suffered from:
Colic, Irregular Sleeping Patterns, Night Terrors, Seizures, Tantrums, Ear Infections, Allergies, Asthma, Headaches, Poor Digestion, Repeated Infections or Colds, Bed Wetting, Learning Disorders, Emotional Disorders, ADD or ADHD, Other
_____

9. How often has your child been treated with drugs? _____
Were you informed of their adverse reactions? _____yes_____ no
If it was an antibiotic, was your child cultured for its use? _____yes_____ no
Is your child currently on any medications? (please list) _____
Any surgeries? _____

10. The child's immune system, like all other developing systems of the body is both intricate and delicate. It strives for a state of homeostasis and balance in the body. Long term adverse effects, from interfering with this process with artificial immunizations, are just being uncovered. Were you adequately informed of the risks of vaccinating your child? _____yes_____ no
Did your child experience any behavioral, emotional or physical changes within 3 months after any shots? _____yes_____ no Describe_____
Was it reported by you or your doctor? _____yes_____ no

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