



**Children's Health History Form** \*to be filled out by parent

Child's name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height/Weight: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Address (city, zip): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Are parents(s) single \_\_\_\_\_ married/partnered \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_

Has child seen a chiropractor before? \_\_\_\_\_ When/How long? \_\_\_\_\_  
Who referred you to our office? \_\_\_\_\_  
Please list other children (age, sex): \_\_\_\_\_

Do you expect Health Insurance to contribute to your child's chiropractic care? YES \_\_\_ NO \_\_\_  
Name of Insured: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

**Child's Birth History - Please check those items that apply to your child**

Mother smoked/drank/drugs in pregnancy\_\_\_ C-Section Delivery \_\_\_\_\_  
Labor Induced\_\_\_\_\_ Premature/Overdue\_\_\_\_\_  
Epidural/Meds in labor \_\_\_\_\_ Complications\_\_\_\_\_  
Breech Delivery \_\_\_\_\_ Very Short Labor\_\_\_\_\_  
Forceps/ Vacuum Extractor Delivery \_\_\_\_\_ Very Long Labor \_\_\_\_\_  
Other\_\_\_\_\_

**What is the main reason for your visit today?**

\_\_\_\_\_  
\_\_\_\_\_

**Has your child had any of the following:**

Allergies: \_\_\_\_\_  
Fractures, concussions, other injuries: \_\_\_\_\_  
Surgeries: \_\_\_\_\_  
Auto accident: \_\_\_\_\_



# Englander Chiropractic Center

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List any medications/supplements:

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When was your child's last round of antibiotics? For what? \_\_\_\_\_

Briefly describe child's diet:

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I give Dr. Nina Englander authorization to adjust my child, \_\_\_\_\_.  
(child's name)

\_\_\_\_\_  
(parent's name, printed)

\_\_\_\_\_  
(relationship to child)

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(Date)