

Congratulations on the birth of your child! We are so honored and blessed that you are allowing us the privilege to be of service to your new family at this precious time. Please know that we will care for your children with the greatest respect and tenderness.

INFANT HISTORY Newborn to 11 months

Child's Name _____ Birthdate _____ Sex: M F

Address _____ City _____ Zip _____

Parent's Names _____

Parent's Phone _____ Work# _____

Parent's Employer _____

Siblings and ages _____

Pediatrician _____ # _____

Whom may we thank for referring you to our office? _____

Please take a few moments to read the following information as it will aid you as you complete this form.

The human body is designed to be healthy. The primary system in the body that 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 that may have caused interference and damage to this delicate system. Physical, emotional and chemical stresses common to our contemporary lifestyles can result in less than ideal spinal health. This interference is called the Vertebral Subluxation Complex (VSC).

We are becoming more aware of how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxations.

Current scientific research shows the direct relationship between the function of the nervous system and the immune system. The integrity of the nervous system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

Completing this form in its entirety will help reveal the causes of Vertebral Subluxation that interfere with the optimal function of your child's nervous system and therefore impair your child's inborn health and well-being.

Thank you for choosing Wellness for You NOW Chiropractic!

We know there is no more precious gift than the health and happiness of your child.

REASON FOR TODAY'S VISIT: _____

Does your child appear to be in pain or discomfort? Yes No If yes, when did this occur? _____

Was the onset: ___ Sudden ___ Gradual Is the problem: ___ Constant ___ Intermittent

Has your child ever had this problem before? Yes No If Yes: _____

Has your child previously been treated for this problem? Yes No By whom? _____

Has your child previously had chiropractic care? Yes No By whom? _____

BIRTH HISTORY

LABOR AND DELIVERY

How long was the labor from the first regular contractions to the birth? _____ hours

How long was the 2nd stage (the pushing phase) of the labor? _____ hours

Hospital birth	Yes	No	_____
Home birth	Yes	No	_____
Midwife Assisted	Yes	No	_____
Vaginal Delivery	Yes	No	_____
Planned C-section	Yes	No	_____
Emergency C-section	Yes	No	_____
Was birth induced	Yes	No	_____
Forceps delivery	Yes	No	_____
Vacuum extraction	Yes	No	_____
Anesthesia administered	Yes	No	_____
Fetal Distress	Yes	No	_____
Meconium staining	Yes	No	_____
Head presentation	Yes	No	_____
Face presentation	Yes	No	_____
Breech presentation	Yes	No	_____

BABY'S CONDITION IMMEDIATELY AFTER BIRTH (answer to the best of your ability):

Apgar Scores: At 1 minute ___/10 At 5 minutes ___/10 Unknown

Birth weight ___ lbs/kgs Birth Length ___ ins/cms Baby home on day _____

Baby's Crying: ___ Cried immediately after birth ___ Weak Cry
___ Cried strongly Did not cry for ___ minutes

Baby's Color: ___ Pink all over ___ Blue face ___ Blue hands/feet

Baby's Activity: ___ Arms and legs actively moving ___ Floppy baby

Was the baby put in intensive care? Yes No If yes, what was the reason and how long were they in for? _____

Was any medication given at birth? _____

Did you choose to vaccinate your child? Yes No If "Yes", check all vaccinations the child has received.
___ DPT ___ MMR ___ Chicken Pox ___ Hepatitis Other _____

Describe any and all reactions to vaccine(s). _____

It has been shown that in the first year of their life 47.5% of babies have a significant fall. If your child falls into this category please briefly explain the incident: _____

