

PEDIATRIC PATIENT INTRODUCTION

Child's Name: _____ Birth Date: ___/___/___ Age: _____ Sex: _____
Mother's Name: _____ DOB: ___/___/___ Father's Name: _____ DOB: ___/___/___
Number of Siblings: _____ Referred by: _____

Address: _____ City: _____ State: _____ ZIP: _____
Home Phone: _____ Mother's Work: _____ Mother's Cell: _____
Email: _____ Father's Work: _____ Father's Cell: _____
Who is responsible for this account? _____ Relationship to Patient _____

Midwife/Obstetrician: _____

Pediatrician/Family MD: _____

Date of last visit: ___/___/___ Purpose: _____

Immunization History: _____

Number of doses of antibiotics your child has taken: During the past 6 months _____ During his/her lifetime _____

Previous Chiropractor: _____

Date of last visit: ___/___/___ Purpose: _____

Has your child ever been treated on an emergency basis? _____ If yes, please explain _____

Purpose of this appointment: _____

Birth Weight: _____ Birth Length: _____ Current Weight: _____ Current Length: _____

Infant Feeding: ___Breast (How many months? _____) ___Bottle (If bottle, which formula? _____)

Number of hours sleeping per night: _____ Quality of sleep: ___Good ___Fair ___Poor

Surgery: _____

Medications: _____

Accidents: _____

Family Health History: _____

Authorization for Payment

I authorize release of any information concerning my (or my child's) health care, advice, and treatment provided for the purpose of evaluating and administering claims for insurance benefits or for referral to any other healthcare provider. I also hereby authorize payment of insurance benefits otherwise payable to me directly to Ramneek S. Bhogal, DC, DABCI or Stephanie O'Neill-Bhogal, DC, DICCP. By signing below I also acknowledge that I am responsible financially for this account.

Name: _____ Relationship to the patient: _____ Signature: _____ ___/___/___

Notice of Privacy Practices Acknowledgement

I have read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that I can receive a paper copy of the Notice of Privacy Practices upon request.

Name: _____ Relationship to the patient: _____ Signature: _____ ___/___/___

PEDIATRIC CASE HISTORY

Delivery/Birth History: Induced Pitocin IV Pain Meds Epidural Antibiotics

Presentation: Vertex Breech Transverse Face/Brow
Type of Birth: Vaginal Forceps Cesarean Suction Cap or Vacuum
Location: Home Hospital Birthing Center

Problems during pregnancy: _____

Problems during labor/delivery: _____

APGAR Scores: _____ Was there presence at birth of: Jaundice (yellow) Cyanosis (blue)

Congenital Anomalies/Defects? If yes, please explain _____

At what age did the child:

Respond to sound _____ Follow an object with his/her eyes _____ Hold head up _____

Sit alone _____ Crawl _____ Stand _____ Walk alone _____

At what age , if ever, did this child suffer from the following childhood diseases?

Chickenpox _____ Mumps _____ Measles _____ Rubella _____

Roseola _____ Whooping cough _____ Other _____

Has this child ever suffered from:

Headaches Orthopedic problems Digestive Disorders Behavioral Problems

Dizziness Neck problems Poor appetite ADD/ADHD

Fainting Arm problems Stomach aches Ruptures/Hernia

Seizures Leg problems Reflux Muscle pain

Heart trouble Joint problems Constipation Growing pains

Chronic earaches Backaches Diarrhea Allergies _____

Sinus trouble Poor posture Diabetes Allergies _____

Asthma Scoliosis Hypertension Allergies _____

Colds/flu Walking trouble Anemia Other _____

Colic Broken Bones Bed wetting Other _____

Has this child ever suffered the following spinal traumas?

Fall in baby walker Fall from bed or couch Fall off skateboard/skates/etc.

Fall from crib Fall off swing Fall off bicycle

Fall from highchair Fall off slide Fall down stairs

Fall from changing table Fall off monkey bars Other _____

Has the child ever sustained an injury playing organized sports? _____ If yes, please explain _____

Has the child ever sustained injuries in an auto accident? _____ If yes, please explain _____
