



Child Health Form

*To be filled out by parent or guardian. Please print clearly and fill in completely
print*

Print Child's Name: _____ Date of Birth: _____

Street Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please Check ✓ Sex: Male Female Right handed Left handed

Health History:

Why are you seeking chiropractic care today?: _____

Please describe any health problems and how long child has had them: _____

Is your child under the care of any other doctor? No Yes

If Yes, please list the doctors your child is seeing, the conditions being treated for, and any progress.

Please list your child's current medications: _____

Please list your child's past surgeries & dates: _____

Please list your child's past accidents & dates: _____

Please list any x-rays child has had in the past 2 years: _____

Chiropractic History:

Has your child been to a Chiropractor before? No Yes If yes, which Doctor?: _____

Date of last chiropractic visit _____ Reason for care _____

Date of any chiropractic x-rays _____ How long was child under care? _____

Are other family members under chiropractic care? No Yes Who? _____

Please describe any other information you feel would assist us in the care of you child?

Print Parent's Name: _____

Parent's Signature _____ **Date:** _____

I authorize Jaqua Chiropractic to initiate examination and care for the minor listed above as I am this child's parent or legal guardian.