



Pediatric Information

Newborn-3 Years Old

Name of Child: _____ Age: _____

Date of Birth: _____ Gender: MALE _____ FEMALE _____

Address: _____

City/State/Zip: _____

Home Phone#: _____ Cell Phone # (Parent's): _____

Parent's Name: _____

Email address (Parent's): _____

Siblings, Names and Ages _____

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

History of Concern

Reason for contacting us _____

How did symptoms start? *Sudden* *Gradual* Are symptoms- *Constant* *Intermittent* *Occasional*

What do you believe caused this problem? _____

What makes problem better? _____

What makes problem worse? _____

Please check boxes on any other areas of concern:

Excessive sleep Reflux Colic Constipation Diarrhea Congestion

Difficulty sleeping Congestion Trouble gaining weight Ear Infections

Difficulty latching Eczema/Skin condition Lip/Tongue Tie Food Sensitivities

Ear Aches

Prenatal and Delivery History

Prenatal care? Yes No List any complications during pregnancy _____

Type of delivery: Vaginal C-Section Breech

Any complications during delivery? _____

Any concerns at birth? (nursing, breathing, color, etc.) _____

List any medical procedures performed or medications administered (surgery, artificial feeding, etc.) _____

Nutritional/General Health History

Breastfed? _____ Duration: _____

Solid food began age: _____ Food intolerance? _____

Typical sleep patterns (day and night) _____

Age when started... Teething _____ Rolling _____ Crawling _____ Walking _____

Climbing _____ Babbling/Talking _____

List any immunizations and any reactions observed _____

List any significant family history (asthma, cancer, diabetes, etc.) _____

List any other significant information _____

Authorization to Treat Minors

I, _____, authorize Rimrock Chiropractic to administer chiropractic care as deemed necessary to my child.

Signature _____ Date: _____

I consent to a professional and complete chiropractic examination and to any radiographic examination that the doctor deems necessary. I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.

Signature _____ Date: _____