



LifeTree Chiropractic  
& Wellness, LLC

## CONFIDENTIAL PATIENT CASE HISTORY PEDIATRIC (AGE 5 – 15 YEARS OLD)

### Dear Parent:

Please complete this questionnaire. Your answers will help us determine if chiropractic can help your child. If we do not sincerely believe your child's condition will respond satisfactorily, we will not accept your child's case. THANK YOU.

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Delivery:  Vaginal  Forceps  Vacuum Extraction  C-Section

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Information: Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Referred by \_\_\_\_\_

Nearest Relative and Telephone: \_\_\_\_\_

### HEALTH INFORMATION:

Is your child here for:  Wellness Checkup  Specific Complaint

Please explain: \_\_\_\_\_

How long has your child had this condition? \_\_\_\_\_ has your child had this condition in the past? Y N

Which activities aggravate your child's condition? \_\_\_\_\_

Is their condition getting progressively worse?  YES  NO

Is their condition interfering with their:  SCHOOL  SLEEP  DAILY ROUTINE  OTHER

Name of Pediatrician: \_\_\_\_\_

Other doctors who treated this condition: \_\_\_\_\_

List surgical operations and years: \_\_\_\_\_

Medications your child now takes:  over the counter Pain/Fever Reducer  Allergy Medicine

Vitamins  Others \_\_\_\_\_

Has your child suffered from:  Colic  Ear Infection  Recurrent Cold  Chronic Cough  Asthma

Does your child wet the bed?  YES  NO ~ Do you feel your child is sick quite often?  YES  NO

Has your child been in an auto accident, even a minor "fender – bender"?  YES  NO

If yes, Describe: \_\_\_\_\_

Has your child had any other personal injuries or accidents?  YES  NO

If yes, Describe: \_\_\_\_\_

**INSURANCE INFORMATION:** Name of Insurance: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured DOB: \_\_\_\_\_ Insured SSN # \_\_\_\_\_

**AUTHORIZATION OF CARE OF A MINOR:** I hereby authorize this office and its doctor to administer care as they deem necessary to my son / daughter / ward (upon approval of parent or guardian).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Home #: \_\_\_\_\_