

Chellis Chiropractic
405 N Magnolia Street
Summerville, South Carolina 29483
Phone: 843.871.7775 / Fax: 843.871.7573

PEDIATRIC HISTORY FORM

Date _____
Patient Name _____
Address _____
City, State, ZIP _____
SSN _____ DOB _____ Sex _____
Parents Name _____
Home Phone _____ Cell _____
Email Address _____

PURPOSE FOR CONTACTING US

Reason for this visit: _____

Other doctors seen for this condition? YES NO
If yes, Doctor's names & Prior treatment _____

Other health problems? _____
Family health history _____
Previous chiropractor _____
Date of last visit _____ Reason _____
Name of Pediatrician _____
Date of last visit _____ Reason _____
Prescription medications your child has taken during the past 6 month's _____

Vaccination history _____

PRENATAL HISTORY

Name of obstetrician/midwife _____
Complications during pregnancy? Yes No _____
Complications during delivery? Yes No _____
Ultrasounds during pregnancy? Yes No How many _____
Medications during pregnancy/delivery? Yes No How many _____
Location of birth Hospital Birthing Center Home
Birth intervention Forceps Vacuum extraction
Caesarean Section Yes No Emergency Planned
Apgar score _____
Cigarette/Alcohol during pregnancy? Yes No How much _____
Genetic disorders/disabilities? Yes No _____
Birth Weight _____ Birth Length _____

FEEDING HISTORY

Breast fed? Yes No How long _____
Formula fed? Yes No How long _____
Introduced solids? _____ month's
Cow's milk _____ months
Food/juice allergies/intolerances Yes No _____

