

**The Spinal Garage**  
**1615 Highland Rd W, Kitchener, Ontario N2N 3K5**

**CONFIDENTIAL PEDIATRIC CASE HISTORY**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: (d) \_\_\_\_\_ (m) \_\_\_\_\_ (yr) \_\_\_\_\_ Sex  
M F

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Who referred you to this clinic: \_\_\_\_\_

Has this child ever received  
chiropractic care before?  yes  no

Spinal x-rays available?  yes  no  
If yes when taken: \_\_\_\_\_

No. of Siblings: \_\_\_\_\_ What are their names/ages? \_\_\_\_\_

**ABOUT YOUR HEALTH**

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. The case history will uncover the layers of damage, especially to your nervous system, that have resulted in poor health. Following your consultation the chiropractor may outline a course of examinations in order to determine whether you have nerve stress and interference with your innate health potential.

**LOSS OF WELLNESS**

Let's begin at birth when your child first damaged their nervous system, lost their wellness and began their journey to ill health.

**Please check the appropriate answers:**

**Child's birth process.....**

Was your delivery:  long and/or difficult  forceps  vacuum extraction  caesarean  breech  
 a lot of pulling?

Was mother given:  drugs  epidural  induced? Difficulties during pregnancy? \_\_\_\_\_

**Growth and development.....**

No. of doses of antibiotics since birth? \_\_\_\_\_

Was your child taught how to care for their spine?  yes  no

Has your child ever been yanked by the arm?  yes  no

Did they ever fall out of bed/down the stairs/off change table?  yes  no

Was your child breast fed?  yes  no

Did your child:  crawl on hands/knees  bum crawl What age did they start to walk? \_\_\_\_\_

Did your child fall a lot while learning to walk?  yes  no

Any high impact sports? (ie: soccer, football, gymnastics, baseball, cheerleading, figure skating, horseback riding, martial arts, etc)? \_\_\_\_\_

**Current Health Habits.....**

Do parents smoke?  yes  no packs/ week \_\_\_\_\_

Do you drink bottled or filtered water?  yes  no

Does your child go to the dentist for regular check-ups? (min. yearly)  yes  no

**Sleeping posture:**  side  stomach  back  restless

How many pillows do they sleep on? \_\_\_\_\_

How many hours of sleep does your child get per night? \_\_\_\_\_ Quality of sleep?  good  fair  poor

