**Vital Information: Child**

**Email**: Today’s date:\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer to be called:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_ Age:\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_

Best phone number to reach you at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your reason for seeking care for your child?

Who may we thank for referring you to us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything about your child’s body, spine & nervous system that we need to know?

**Physical Stress:**

Has your child had any surgeries? If yes, please explain.

Are there any trauma’s your child has experienced that you would like to tell us about?

Has your child broken any bones? If yes, please explain.

Has your child ever been knocked unconscious? If yes, please explain.

Is there anything else you would like us to know regarding your child?

**Emotional Stress:**

What is your child’s daily emotional stress? High/Medium/Low

What is the most significant stressor in your child’s life right now?

Is there anything else you would like us to know about your child’s emotional health?

**Chemical Stress:**

Is your child currently taking any medications?

**Life Enhancing Behaviors**:

What activities and practices are you and your child involved in that enhance your child’s life? (such as sports, healthy eating etc)

Have your child been under Chiropractic care in the past? Y/N

Date of last adjustment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long was your child under care?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_