

Pediatric Intake Form

Date _____

Name _____ Date of Birth _____ Age _____

Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____

How will payment be made: Cash/Check Credit Card

Whom may we thank for referring you to our clinic? _____

Please indicate health concerns you have regarding your child:

How often do they experience symptoms?

- Constantly (76-100% of the time) Occasionally (26-50% of the time)
 Frequently (51-75% of the time) Intermittently (1-25% of the time)

When did it begin? _____

How are symptoms changing with time?

- Getting worse Getting better
 Staying the same

Using a scale from 0-10 (10 being the worst), how would you rate the problem?

0 1 2 3 4 5 6 7 8 9 10 (circle)

Health History

Was pregnancy normal? Y N

Were you on medication? Y N

Delivery Type: Vaginal Cesarean

Were forceps or vacuum used? Y N

Was birth premature? Y N

How many weeks? _____ Weight at birth _____

Has your child been in a motor vehicle accident? Y N

Any other traumas such as falls from over 2 feet? Y N

Has your child ever been hospitalized? Y N if yes, explain: _____

Has your child been vaccinated? Y N

Have they experienced any adverse reactions? Y N

To which vaccine? _____

Does your child suffer from: Allergies or Asthma? Y N Constipation? Y N

Frequent illness or colds? Y N Ear infections? Y N Colic? Y N

Is your child using medication? Y N _____

Is your child using any nutritional supplements? _____

If you could improve one aspect of your child's health or behavior what would it be? _____

Doctor's Evaluation Form

Tilt posture of head/ trunk/pelvis? Favor one side with headtorticollis? Y N

Cervical ROM	WNL	Restricted	F	E	RR	LR	RLF	LLF
Thoracic ROM	WNL	Restricted	F	E	RR	LR	RLF	LLF
Lumbar ROM	WNL	Restricted	F	E	RR	LR	RLF	LLF

Reflexes WNL _____ Hip movement: WNL Restricted R/L

Asymmetric Motor patterns? Head/ Trunk/ Extemities _____

Tenderness in spine: Cervical Thoracic Lumbar Pelvis

Abdmonical distension or tension?

Deviation of gluteal crase? R L LLI: RPD LPD

Subulxation:	C1	C2	C3	C4	C5	C6	C7				
T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12
L1	L2	L3	L4	L5	Sacrum	R/L	Pelvis	R/L			

Extremity: _____

Procedure: diversified activator vibration acupressure

Signature: _____

Notes:
