



Children's Health History

Your child's body is designed to be healthy. Throughout the birth process and early childhood, events can occur which may negatively impact your child's health expression. This form will help uncover possible sources and types of experiences that may impede full health expression in your child.

Parental information

Name _____ Today's Date _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

Relationship to child _____

Child's information

Name _____ Date of Birth _____

Height _____ Weight _____

Birth/labor complications

Injuries, surgeries, hospitalizations since birth

History of medications taken by child (including current medication)

Pediatrician _____

Date and outcome of last medical check-up _____

Please circle the following stress factors that apply to your child:

Vaccination

Diarrhea

Constipation

Hospital birth

Long labor

Induced labor

Complications at birth

C-section

Premature

Medication during labor

Forceps delivery

Vacuum extraction

Emotional stress

Digestive problems

Colic

Tonsillectomy

Bed wetting

Allergies

Ear infections

Frequent colds

Sleep disorders

Soda intake

Hyperactivity

Sugar intake

School difficulties

More than 5 hours of TV/week

ADD/ADHD

Medications/Alcohol/Drugs during pregnancy

Please share any concerns you have about your child's health and reasons for this visit:

What changes (if any) in your child's health would you like to see?

I, _____ have answered the above questions to the best of my knowledge. Based on the information provided, I grant Eric Rubin, DC permission to assess, locate and release subluxation patterns in my child.

Parent or Guardian Signature

Date

Eric Rubin, DC Signature

Date