

Cappiello Chiropractic, PLLC  
562 Saratoga Road  
Scotia, NY 12302

### PEDIATRIC HISTORY FORM

It is a pleasure to welcome you to our family of happy and healthy Chiropractic kids. Please let us know if there is any way we can make you and your family feel more comfortable. To help us serve you better, please complete the following information. We look forward to coaching you to build better health for you and your family.

Name: \_\_\_\_\_ Parents SS# \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name(s) of Parents/Guardians: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: M F Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Purpose for contacting us? \_\_\_\_\_  
Other doctor seen for this condition: \_\_\_\_\_  
Prior Treatments: \_\_\_\_\_  
Other known health problems: \_\_\_\_\_  
Family History: \_\_\_\_\_  
\_\_\_\_\_

Previous Chiropractor: \_\_\_\_\_  
Date of last visit: \_\_\_\_\_  
Name of Pediatrician: \_\_\_\_\_  
Date of Last Visit: \_\_\_\_\_

Number of doses of antibiotics your child has taken during the past 6 months \_\_\_\_\_  
Total number of doses of antibiotics your child has taken over his or her lifetime \_\_\_\_\_

Prescription medications your child has over the past 6 months dose/frequency \_\_\_\_\_  
Total over lifetime \_\_\_\_\_

Please list medications: \_\_\_\_\_  
\_\_\_\_\_

Check any of the following you child has suffered during the past 6 months:

_____ Ear infections	_____ Seizures	_____ Headaches
_____ Asthma/Allergies	_____ ADD/ADHD	_____ Colic
_____ Growing/ Back Pain	_____ Car Accident	_____ Scoliosis
_____ Digestive Problems	_____ Recurring Fevers	_____ Chronic Colds
_____ Bed Wetting	_____ Temper Tantrums	_____ Other _____

**PRENATAL HISTORY:**

Name of Obstetrician/Midwife: \_\_\_\_\_  
Complications during pregnancy: Yes No Describe: \_\_\_\_\_  
Ultrasounds during pregnancy: Yes No Number: \_\_\_\_\_  
Medications during pregnancy: \_\_\_\_\_  
Cigarette/ Alcohol use during pregnancy: Yes No  
Location of birth (circle): Hospital Birthing Center Home Other \_\_\_\_\_  
Intervention? Forceps Vacuum Extraction C section: Emergency or Planned

**FEEDING HISTORY:**

Breast fed? Yes No How long? \_\_\_\_\_  
Formula fed? Yes NO How long? \_\_\_\_\_ Type: \_\_\_\_\_  
Introduced to solids at \_\_\_\_\_ months. Introduced to cow's milk at \_\_\_\_\_ months.  
Known food allergies or intolerances? Yes No List: \_\_\_\_\_

**DEVELOPMENTAL HISTORY:**

During the following times, your child's spine is most vulnerable to stress and should routinely be checked by a Doctor of Chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference).

At what age did your child able to:

- Respond to stimuli \_\_\_\_\_
- Respond to visual stimuli \_\_\_\_\_
- Hold head up \_\_\_\_\_
- Sit up \_\_\_\_\_
- Crawl \_\_\_\_\_
- Stand alone \_\_\_\_\_
- Walk alone \_\_\_\_\_

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (a bed, changing table, stairs, etc). Was this the case with your child? Yes No

Is /has you child been involved in any high impact or contact type sports (soccer, football, gymnastics, baseball, cheerleading, martial arts, etc)? Yes No

List: \_\_\_\_\_

Has your child ever been involved in a motor vehicle accident? Yes No Describe: \_\_\_\_\_

Has your child ever been seen on an emergency basis? Yes No Describe: \_\_\_\_\_

Other traumas not described above: \_\_\_\_\_

Prior Surgery: \_\_\_\_\_

Menarche: Yes No Age: \_\_\_\_\_

**CHILDHOOD DISEASES**

Chicken Pox Yes No Age: \_\_\_\_\_ Mumps Yes No Age: \_\_\_\_\_  
Rubella Yes No Age: \_\_\_\_\_ Whooping Cough Yes No Age: \_\_\_\_\_  
Rubeola Yes No Age: \_\_\_\_\_ Other \_\_\_\_\_ Age: \_\_\_\_\_

I hereby understand this office and its Doctors to administer care to my son/daughter, as they deem necessary. I clearly understand and agree that I am personally responsible for all fees and charges from this office.

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

