



# Healing Hands of Manahawkin

*"A Healthy Spine Means a Healthier You!"*

**Welcome to Our Office! Please answer the following questions:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

1. Spinal problems can cause a variety of health problems. Please check the health complaint(s) your child is currently experiencing or experiences on a periodic basis:  

<input type="radio"/> Neck Pain	<input type="radio"/> Asthma	<input type="radio"/> Frequent Colds	<input type="radio"/> Skin Problems
<input type="radio"/> Back Pain	<input type="radio"/> Allergies	<input type="radio"/> Spinal Curvature	<input type="radio"/> Chronic Fatigue
<input type="radio"/> Headaches	<input type="radio"/> Sinus Problems	<input type="radio"/> Indigestion	<input type="radio"/> ADD/ADHD
<input type="radio"/> Bedwetting	<input type="radio"/> Ear Infections	<input type="radio"/> Arthritis	<input type="radio"/> _____
2. What is your child's primary health complaint? \_\_\_\_\_
3. Research shows that spinal problems often begin at birth. How old was your child when they received their first chiropractic checkup?  Never  0-2 years  2-5 years  5-12 years
4. Difficult, long and/or doctor-assisted births can cause spinal misalignments. Was your child born vaginally, by C-section, forceps, suction cup or other device? (Please circle one)
5. How long was the actual labor and delivery time?  0-3 hours  3-12 hours  12-24 hours  > 24 hours
6. Have you ever been told that your child has a spinal curvature, spinal arthritis, or inherited spinal problem?  
 YES  NO
7. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your child's posture?  
Poor - 1 2 3 4 5 6 7 8 9 10 - Very Good
8. Did your child have early health challenges such as colic, irritability or frequent ear infections?  YES  NO
9. Does your child have other health problems that concern you? \_\_\_\_\_
10. Do you miss work or sleep often due to your child's illness(s)?  YES  NO
11. Do you worry often about your child's health?  YES  NO
12. Do you any have health problems that affect your family? Please list \_\_\_\_\_
13. Is your child currently taking prescription medication?  YES  NO If so, how many? \_\_\_\_\_
14. Falls, sports impacts and auto accidents can cause serious spinal problems. Is this visit related to a fall, sports impact, auto accident or injury?  YES  NO Date of Incident \_\_\_\_\_
15. If the doctor feels that your child will benefit from chiropractic care are you willing to follow his/her recommendations?  
 YES  NO \_\_\_\_\_
16. How will you be paying for today's visit?  Credit/Debit Card  Cash  Check  Other \_\_\_\_\_

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request, however original x-rays remain the property of the clinic.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_