

CHILDREN'S HEALTH QUESTIONNAIRE



CLEVELAND
CHIROPRACTIC
ASSOCIATES, INC.

Name: _____ Date: _____

Male/Female Age: _____

Purpose of this appointment and list your complaints: _____

1) Has your child received chiropractic care before? During Pregnancy? _____

2) Does your child bed-wet or have trouble sleeping through the night? _____

3) Does your child have ear-infections frequently? If so, are they on medication or have tubes in their ears? _____

4) Does your child have colic, constipation, indigestion or reflux? _____

5) Does anything cause your child to cry frequently? _____

6) Has your child been diagnosed with any of the following: ADD/ADHD, Asthma, Autism, Cerebral Palsy, Diabetes, or Down Syndrome? _____

7) Does your child have a good attention span? _____

8) Do you feel your child is growing at the same rate as an average child of his/her age? _____

9) If you have an infant, are you nursing your child? If not, what is given to the child? _____

10) Is your child on any medication? If so, what is it for? _____

11) Is your child on vitamins or supplements? Please list. _____

12) Has your child been vaccinated? Please list and the age it was given. _____

13) If your child is a infant or toddler,
Has your child started to pick up his/her head while on the belly? When? _____

14) Has your child started to crawl? When? _____

15) Has your child started to sit? When? _____

16) Has your child learned to stand? When? _____

17) Has your child started walking? When were his/her first steps? _____

18) Does your child have a pediatrician? If so, please list his/her name. _____

19) Did you have the assistant of a midwife, DOULA or OBGYN during your pregnancy? _____

20) If this is not your first pregnancy, how many previous births have you had? Please list their names and ages. Were any of your children VBAC, C-section, Breech or traumatic births? _____

21) Did you receive an epidural or pitocin during your labor? _____

22) Were forceps or the vacuum extraction used during the delivery? _____

23) Is there any other information you would like us to know about your child? _____