

Children's Case History

2.C. Image (R)

Date _____ Case No. _____

Name _____ Address _____

Phone _____ Date of Birth _____ Age _____ Male/Female

Parent or Guardian's Name _____

Parent or Guardian's Social Security # _____

Address (if different from child's) _____

Chief complaint or problem _____

What type of birth:

____ Vaginal ____ C-Section ____ Forceps ____ Suction Cup

Presentation: ____ Normal ____ Breach ____ Frontal

With anesthesia (pain killer)? ____ Yes ____ No

Type used: ____ Oral ____ Hypo ____ Spinal Block ____ Subdural Injection ____ General Anesthesia

Child Presently Has or Has Had

____ Cholic ____ Chicken Pox ____ Measles ____ Mumps Right/Left ____ Colds

____ Constipation ____ Diarrhea ____ Difficult Sleeping ____ Overactive ____ Asthma

____ Difficult Breathing ____ Skin Eruptions ____ Vomiting ____ Frequent Crying

____ Feet Turn Out Right Left Both ____ Feet Turn In Right Left Both

Falls: (details) _____

Injuries: (details) _____

Is she/he taking any medication? Prescription or patent? _____

If so, what drugs? _____

Operations: ____ Ear Tubes ____ Tonsillectomy ____ Heart Other _____

I hereby authorize Dr. Palmer and/or whomever he may designate as his assistant to administer Chiropractic care as he deems necessary to my child. It is understood and agreed the amount paid to Palmer Chiropractic Center for X-Ray is for examination only, and the X-Ray negatives will remain the property of this office, being on file where they may be seen at any time while a patient of this office. I understand that if my insurance company covers services and the check(s) is sent to the patient, it is the patients responsibility to bring the check and explanation of benefits to this office. I understand and agree that if my insurance or medicare fails to provide payment for services rendered that it is my responsibility to pay for these services. Co-pays and/or deductibles that are left unpaid for more than 30 days will incur an 18% interest rate, per month of delinquency.

Parent/Guardian Name (Print)

Parent/Guardian Signature