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**Temple Crossing Chiropractic and Massage**  
#204, 5401 Temple Drive NE, Calgary, AB T1Y 3R7  
**(403) 280-8992 (403) 293-1288 [www.templechiro.com](http://www.templechiro.com)**

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## PEDIATRIC HEALTH HISTORY

So that we may help your child attain optimum health and wellness, please answer **ALL** questions even if they seem unrelated to your case.

Name: \_\_\_\_\_ AHC#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Father: \_\_\_\_\_, Mother: \_\_\_\_\_

Referred to this office by: \_\_\_\_\_

### **Purpose for this appointment?**

\_\_\_\_\_  
\_\_\_\_\_

Other doctors seen for this condition? - Doctors names and prior treatments:

\_\_\_\_\_  
\_\_\_\_\_

Other health problems? \_\_\_\_\_

Has anyone else in the family had similar issues? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_

Is there a family history of disease or disorders that might be relevant?

Explain: \_\_\_\_\_

Previous Chiropractor: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Reason: \_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Reason: \_\_\_\_\_

Number of doses of antibiotics your child has taken:

During the past six months: \_\_\_\_\_ Total during his/her lifetime: \_\_\_\_\_

Vaccination history: \_\_\_\_\_

Any reactions to Vaccinations: \_\_\_\_\_

**PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE**

# PAST HEALTH HISTORY

Major surgery/operations: eg) Appendix, Tonsils, Hernia, Tubes in ears, other?

Explain: \_\_\_\_\_

Birth Process    Normal    Abnormal    Easy    Hard

Major accidents or falls, fracture?

Explain: \_\_\_\_\_

Treatment for any health condition in the last year    Yes    No

If yes, please explain \_\_\_\_\_

Please check any of the following conditions that are a problem; and underline any that were a problem in the past.

## MUSCLE & JOINT

- sore muscles
- sore joints
- growing pains
- muscle cramps
- back problems
- neck problems
- painful tailbone
- pain between shoulders
- spinal curvature
- arthritis
- difficulty chewing/ clicking jaw
- general stiffness
- walking problems
- feet turn in/ out
- coordination problems
- headaches

## GENERAL

- fatigue
- allergies
- difficulty sleeping
- dizziness
- fainting
- earaches
- nose bleeds
- sore throat
- asthma
- chronic cough
- enlarged glands
- loss of weight
- poor/excessive appetite
- junk food
- nervousness
- depression/confusion

## ORGANS

- vision problems
- dental problems
- hearing problems
- ADHD
- behavioral problems
- frequent colds/flu
- epilepsy
- rheumatic fever
- stomach aches
- bedwetting
- anemia
- constipation/ diarrhea
- thyroid
- vomiting
- skin eruptions/ eczema
- colic
- digestive problems

I am authorized, or do give authorization for this child to be treated

\_\_\_\_\_  
**Signature**