Lower Cape Chiropractic Services

Children's Case History

Child's Name_____Birthdate_____Age____Sex___Date _____

Address_____City_____ Zip _____

Parent's Names_____ Phone _____ Work _____

Siblings Names and Ages _____

Who referred you to our office? _____

Birth weight_____ Current weight_____ Birth length_____ Current length_____

CAUSE

The human body is designed to be healthy. The primary system in the body which coordinates health is the nervous system. The health function of every cell, every system, every organ is dependent upon the integrity of the nervous system. The bones of the skull and vertebrae of the spine house and protect the central nervous system.

From the birth process until the present, events have occurred in your child's life which may have caused interference and damage to this delicate system. Physical, emotional and chemical stresses common to our contemporary lifestyles can result in misalignment and damage to the spinal column. This interference is called the Vertebral Subluxation Complex.

This form will help reveal the causes of Vertebral Subluxation which interfere with the optimal function of your child's nervous system and therefore impair you child's inborn health potential.

Vertebral Subluxation Assessment

1. Has your child been checked by a Doctor of Chiropractic? _____Yes _____No

2. Experts around the world agree: intervention during the birth process may cause neurological trauma, damage, and even death. According to the World Health Organization, children in 22 other countries have a greater survival rate than in the USA.

- Did you have ultrasound during this pregnancy? _____ Frequency? _____
- Place of birth: _____Home _____Birthing Center _____Hospital
- Type of birth: _____Vaginal _____C-Section _____Breech
- Was labor induced? _____Yes _____No
- Was anesthesia used? _____ Type _____
- What position did you deliver in? _____
- Birth Trauma: _____Twisting/Pulling _____Vacuum Extraction _____Forceps
  _____Jaundice (yellow) _____Cyanotic (blue)
- Newborn Trauma (medical procedures) _____
- Obstetrician/Midwife Name:_____ Location _____
- Pediatrician Name:_____ Location: _____
- Apgar Scores _____ _____

Repeated studies are now informing us breast-feeding develops strong and healthy immune, neurological, and digestive systems.

3. Did you breast-feed your child? _____Yes _____No How long? _____

4. According to the National Safety Council, approximately 50% of infants have fallen onto their heads during their first years of life. Another study reveals 1/4 million children are injured in playgrounds annually. Can you recall any such jolts, falls, or traumas to your child?
_____
_____
_____ Has your child ever been treated on an emergency basis? _____Yes _____No
If yes, describe: _____

5. Which sports does your child play? (circle) soccer football gymnastics karate
hockey lacrosse basketball dance field hockey wrestling
baseball other_____

6. Other than the 5 hours per day spent sitting in the classroom, does your child spend prolonged time sitting?
_____Yes _____No
Is it in front of a computer or TV? _____

7. How would you rate your child's diet? _____

Are there any food cravings or allergies? _____

8. Has your child suffered from any of the following conditions:

____colic	____irregular sleeping patterns	____night terrors
____seizures	____ear infections	____tantrums
____allergies	____asthma	____headaches
____diabetes	____repeated infections or colds	____constipation
____diarrhea	____poor digestion	____poor appetite
____growing pains	____broken bones	____bed wetting
____mumps	____measles	____rubella
____roseola	____whooping cough	____chicken pox
____ADD/ADHD	____hyperactivity	____other:

9. Number of hours sleep per night? _____ Quality of sleep? _____good _____fair _____poor

10. How often has your child been treated with drugs? _____

Were they prescription or over the counter? _____ Were you informed of their adverse reactions? _____Yes _____No

If it was an antibiotic, was your child cultured for it's use? _____Yes _____No

11. The child's immune system, like all other developing systems of the body is both intricate and delicate. It strives for a state of homeostasis and balance in the body. Long term effects from interfering with this process with artificial immunizations are just being uncovered.

Were you adequately informed of the risks of vaccinating your child? _____Yes _____No

Did your child experience any behavioral, emotional, or physical changes after any vaccination? _____Yes _____No. If yes, please describe _____

12. Purpose of this appointment: _____ Acute Care _____ Wellness Care

Brief Description: _____

Correction

Today, we are becoming more aware, how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and the immune system function. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

Authorization for Care of a Minor

I hereby authorize Dr. Kevin Lowey and Dr. Eric Cousino to administer care as deemed necessary to my

son/daughter_____

Print Name: _____ Sign Name:_____

Date:_____

We require you leave a credit card number on file so that any balances over 30 days can be automatically charged to it. Master Card, Visa or Discover Card (No American Express)

Credit Card # _____exp_____CVV_____

Your Name as it appears on card: _____Billing Zip:_____