

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Major complaint for which you are seeking care today?: \_\_\_\_\_  
 \_\_\_\_\_

**MANY SPINAL NEUROLOGICAL PROBLEMS CAN BE HEREDITARY OR TRAUMATICALLY INDUCED**

Do you or your spouse suffer from recurrent low back or neck pain?: YES  NO   
 Is there any history of spinal problems with the child's grandparents?: YES  NO   
 If yes, please check: ARTHRITIS  SPINAL SURGERY  DISC DEGENERATION

**OFTEN BIRTH TRAUMA CAN PRODUCE SOME OF THE FIRST SPINAL NERVE TENSION IN THE DELICATE SPINE OF A NEWBORN**

During the birth of the child, was it a difficult delivery?: YES  NO   
 Were forceps used?: YES  NO  Were you induced?: YES  NO   
 Was it a long delivery?: YES  NO  Was it a breech birth?: YES  NO   
 Was it a caesarean?: YES  NO

**MANY CHILDHOOD FALLS CAN PRODUCE LONG-TERM SPINAL NERVE TENSION THAT MAY SURFACE YEARS LATER IN LIFE**

Has your child ever had a fall?: YES  NO   
 Off a change table?: YES  NO  Out of a crib?: YES  NO   
 Off a jolly jumper?: YES  NO  Down a flight of stairs?: YES  NO   
 Out of a tree?: YES  NO  Off of playground equipment?: YES  NO   
 Off a bike?: YES  NO  Involved in a car accident?: YES  NO

**MANY CHILDHOOD ILLNESSES CAN BE DUE TO NERVE TENSION**

Does your child suffer, or has suffered, from any of the problems listed below:

HEADACHES <input type="checkbox"/>	"GROWING PAINS" <input type="checkbox"/>	ALLERGIES <input type="checkbox"/>
NECK PAIN <input type="checkbox"/>	SLOW ACADEMIC <input type="checkbox"/>	ASTHMA <input type="checkbox"/>
DIZZINESS <input type="checkbox"/>	STOMACH/EATING PROBLEMS <input type="checkbox"/>	LEG PAINS <input type="checkbox"/>
LOW BACK PAIN <input type="checkbox"/>	FREQUENT COLDS/EAR ACHES <input type="checkbox"/>	CONSTIPATION <input type="checkbox"/>
HYPERACTIVITY <input type="checkbox"/>	SCOLIOSIS <input type="checkbox"/>	BEDWETTING <input type="checkbox"/>