



Child Health Profile

PATIENT DEMOGRAPHICS

Child's Name: _____ Birthdate: ____-____-____

Address: _____ City: _____ State: ____ Zip: _____

Primary Contact: Name: _____ Relationship to Child: _____
 Number: _____ E-mail: _____

Secondary Contact: Name: _____ Number: _____ Relationship: _____

Pediatrician Office Name: _____

DAILY LIFE SUMMARY

Please circle any of the following that describes your child's typical day:

- Daycare/School Screen Time Commuting/Traffic Physical Activity (Outdoor Play/Sports)

Please list your child's favorite hobbies (activities done more than 3x a week): ex: Riding bikes

1. _____
2. _____
3. _____

Please list the foods/drinks that your child consumes on a regular basis (consumed more than 3x a week): ex. Fruit snacks

1. _____
2. _____
3. _____

Does your child have any siblings? No Yes How many? _____

Is your child adopted? No Yes

Has your child had any vaccinations or been on antibiotics in the last 3 months? No Yes Describe: _____

Are there concerns for any of the following:

- Walking Sleep Concentration Digestion Immune Function Balance Development

What progress would make the most impact in your child's quality of life? (*Circle all that apply*)

- | | | |
|----------------------|-------------------------------|------------------|
| Less Allergies | Less Discomfort | More Energy |
| Better Mobility | Improved Athletic Performance | Fewer Headaches |
| Better Sleep | Less Pain | Better Digestion |
| Increased Activities | Less Sick Days | Less Anxiety |
- Other: _____

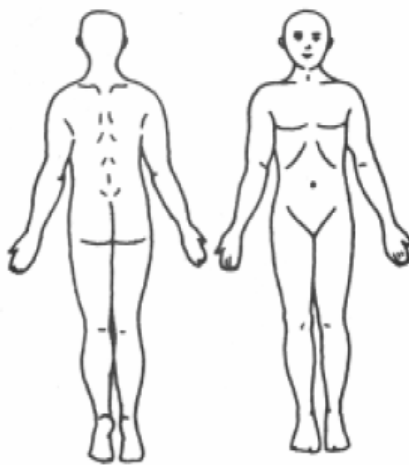
HISTORY OF CONCERN

Identify and describe your child's chief concerns:

Health Concerns Listed According to Severity:	When Did This Problem Begin?	When is it at its Worst? (AM, Mid-day, PM)	Are Symptoms Constant or Intermittent?
Primary: _____	_____	_____	_____
Second: _____	_____	_____	_____
Third: _____	_____	_____	_____
Fourth: _____	_____	_____	_____

CIRCLE the areas on the body diagram where your child's concerns are located and **MARK** with the following letters to describe your symptoms:

- R**-Radiating
- B**-Burning
- D**-Dull
- A**-Aching
- N**-Numbness
- S**-Sharp/Stabbing
- T**-Tingling



What relieves your child's symptoms? _____

What makes your child's symptoms worse? _____

Did any of these concerns occur from an accident or injury? Yes- What Happened? No

Does your child take any of the following for their symptoms?
 Tylenol Ibuprofen Aleve Other _____

How Often?
 Daily Weekly Monthly

CIRCLE ALL SENSORY ISSUES THEY HAVE OR HAVE HAD

- | | | | | | |
|----------------------|------------|--|------------|------------------------------------|-------------|
| Headache | Neck Pain | Shoulder Pain | Elbow Pain | Wrist Pain | Hand Pain |
| Upper Back Pain | Chest Pain | Mid Back Pain | Rib Pain | Low Back Pain | Pelvic Pain |
| Hip Pain | Knee Pain | Ankle Pain | Foot Pain | | |
| Pain W/ Cough/Sneeze | | Numbness/Tingling arms, hands, fingers | | Numbness/Tingling legs, feet, toes | |

CIRCLE ALL FUNCTIONAL ISSUES THEY HAVE OR HAVE HAD

Trouble Sleeping	Frequent Colds	Chronic Fatigue	Allergies	Anxiety
Heartburn	Dizziness	Balance Issues	Vision Issues	Vertigo
Ear Infections	Ringing in Ears	Hearing Loss	Sinus Issues	Thyroid Issues
Heart Issues	High Blood Pressure	Low Blood Pressure	Lung Issues	Asthma
Liver Disease	Gallbladder Issues	Digestive Issues	Kidney Issues	Bladder Issues
High/Low Pain Tolerance	Bed Wetting	Delayed Development	Skin Issues	Depression
Eating Disorder	Mood Changes	ADD/ADHD	Lupus	Fibromyalgia
Other: _____	_____	_____	_____	_____

ADDITIONAL HEALTH INFORMATION

CIRCLE ANY OF THE FOLLOWING THAT YOUR CHILD HAS OR HAVE HAD:

Stroke Cancer Heart disease Spinal Surgery Seizures Spinal Bone Fractures Arthritis Diabetes

ANY FAMILY HISTORY OF:

Stroke Cancer Heart disease Spinal Surgery Seizures Arthritis Diabetes

DO ANY OF THIS CHILD'S PARENTS SUFFER FROM:

Headaches/Migraines ADD/ADHD Ear Infections Sciatica Digestive Issues Anxiety/Depression

Any other hereditary conditions? No Yes

List all surgical operations and years:

List all prescription medications your child is taking:
