

Jurik Chiropractic & Wholistic Health Care

120 East Ogden Ave., Suite #202, Hinsdale, IL 60521, (630) 655-9480
www.jurikchiropractic.com

Pediatric Patient In-Take Form

Child's Name: _____ File Number: _____

Mother's Name: _____ Father's Name: _____

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

Home Phone: _____ Work Phone: (Mom) _____ (Dad) _____

Birth Date: _____ Age: _____ Sex: M F

Birth Weight: _____ Current Weight: _____

Number of Siblings: _____ Birth Length: _____ Current Length: _____

Type of Birth: Vaginal _____ Cesarean _____ Breech _____

Forceps _____ Vacuum _____

Home: _____ Birthing Center: _____ Hospital: _____

Problems during pregnancy? Y N

If yes please explain _____

Problems during Labor/ Delivery? Y N

If yes please explain _____

APGAR Scores: _____ Was there presence at birth of _____ jaundice (yellow)
_____ cyanosis (blue)

Congenital anomalies/ defects: _____

Infant Feeding: Breast Y N If yes how long? _____

Formula Y N Brand _____

Number of hours of sleep per night: _____ Quality: Good _____ Fair _____ Poor _____

Obstetrician/ Midwife: _____

Name Phone/ Location

Pediatrician/ Family Doctor: _____

Name Phone/ Location

Date of last visit to doctor: _____ Reason: _____

Immunization History: _____

Has your child ever been treated on an emergency basis? Y N

If yes, why? _____

-----Authorization for the care of a minor-----

I hereby authorize this clinic and it's doctor(s) to administer care as they so deem necessary to my son/daughter/ward (upon approval of parent or guardian).

Signed: _____ Witnessed: _____ Date: _____

Print: _____