



Children's Case History

Child's Name: _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Parent's Names _____ and _____

Parent's Phone _____ Work _____

Siblings and ages _____

Child's Social Security Number: _____ - _____ - _____

Whom referred you to our office: _____

CAUSE

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

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

This form will help reveal the causes of Vertebral Subluxation which interfere with the optimal function of your child's nerve system which will in turn impair your child's inborn potential to achieve and maintain optimal health and well-being.

Vertebral Subluxation Assessment

1. Has your child been checked by a chiropractic doctor before? _____ Who? _____
Were x-rays taken? _____ Who is the child's pediatrician? _____
2. Experts around the world agree: the birth process as we know it may cause extensive neurological trauma that may or may not be realized for years. Birth trauma can even cause death to the infant.

Did you have ultrasound during pregnancy? _____ Frequency? _____
- Place of birth: Home / Birthing Center / Hospital
- Provider: Midwife / Ob/gyn / Other: _____
- Type of birth: Vaginal / C-section Was anesthesia used? _____ Type? _____
- Was labor induced? _____ If yes, why? _____
- What position did you deliver in: On back / squatting / on side / on all fours
- Birth Trauma: Doctor assisted? / Twisting, pulling / Vacuum / Forceps

- Newborn Trauma: What medical procedures and test were run after birth?: _____

3. Did you breast feed your child? _____ For how long? _____
Repeated studies show that breast feeding develops strong and healthy immune, neurological and digestive systems.
4. According to the National Safety Council approximately 50% of infants have fallen onto their heads during their first year of life. Another study reveals 1/4 million children are injured at playgrounds annually. Can you recall any such jolts, falls or traumas to your child? _____
Please Describe: _____
Any fractures or dislocations? _____
5. Which sports does your child play? Soccer / Football / Gymnastics / Karate / Hockey / Lacrosse / Basketball / Dance / Wrestling / Baseball / Other _____
6. Other than an average of 5 hours per day sitting in a classroom, does your child spend additional time sitting in front of a TV, Computer, Playstation, gameboy or reading a book? _____
7. Does your child play an instrument and if so which one? _____
How many hours per day does he/she practice? _____
8. How would you rate your child's diet? Nutritious / Fair / Poor (junk food - including fast food)
9. **Circle** any of the following conditions your child has or is suffering from: Colic, Irregular Sleeping patterns, Night Terrors, Seizures, Tantrums, Ear infections, Allergies, Asthma, Headaches, Poor digestion, Repeated Infections or Colds, Bed wetting, Learning disorders, Emotional disorders, ADD or ADHD, Other _____
10. How often has your child been treated with drugs? _____
Were you informed of their adverse reactions? _____
If it was an antibiotic was your child cultured for its use? _____
Is your child currently on any medications? (please list) _____
Any surgeries (please list): _____
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, adverse effects from interfering with this process with artificial immunizations are just being uncovered. Were you adequately informed of the risks of vaccinating your child? Did your child experience any behavioral, emotional, or physical changes within 3 months after any shots? _____
Describe: _____
_____ Was it reported to your medical doctor? _____
12. Current Concern: _____

CORRECTION

Today, we are becoming more aware, how current technological lifestyles and practices expose our children's nerve system to continuous stress. These stresses can result in Vertebral Subluxation.

Current scientific research is showing the direct relationship between the function of the nerve system and the immune system function. The integrity of the nerve system is therefore imperative to a health 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 Vertebral Subluxations. Correction of subluxation with the chiropractic adjustment is the beginning of greater health and well-being for your child.

AUTHORIZATION FOR CARE OF A MINOR

I am the parent / legal guardian (circle one) of _____. I grant permission for this child to receive chiropractic care from DuPuy Family Chiropractic. This care will include, but is not limited to, a relevant spinal analysis, instrumentation, specific chiropractic spinal adjustments and the use of spinal x-rays when necessary.

I understand that DuPuy Family Chiropractic will provide this chiropractic care to my child.

I understand that chiropractic care consists of the location and reduction of vertebral subluxations.

I understand that my child's body is a self-healing one, which will function at a higher level when vertebral subluxations are reduced and/or corrected.

Since this is a family practice, I want your child to feel at home. However, I ask that there be no roughhousing. Also if applicable that each child pick up toys after they are done and put them back into place. And lastly, that each child show respect for ill or elderly adults who might be bothered or injured by their activity.

Thank you for helping keep this atmosphere harmonious and a place where families may grow together "in health."

I hereby authorize Dr. Joe DuPuy to administer care as deemed necessary to my son/daughter.

Signed: _____ Date: _____

Witnessed _____ Date _____

