THE**BACK**CLINIC
Optimal Spine equals Optimal Health

PATIENT INFORMATION 1- 15yo **Welcome to our office! Please complete all questions.**

Childs Name: ____
Address: ____ Postcode: ______________________
Home Phone: ______________________ Parent/Guardian Mobile Phone: ___________________________
Date of Birth: ________________ Age:_____________ Sex: ☐ Male ☐ Female
Mum's Name: ______________________________ Dad's Name: __________________________________
Siblings Names & Ages: ____
Private Health Fund? ☐ Yes ☐ No Which One? ________________ Chiropractic Cover? ☐ Yes ☐ No
Medicare Number __________________________ Expiry Date ____________ Number on card________
Your child's previous chiropractor ? ________________ When was your last adjustment?_____________
Who may we thank for referring you/how did you find our office? ___________________________

Most people, including children have experienced many things that could cause spinal misalignments or 'Vertebral Subluxation'. Which affects your nervous system and your whole health. Resulting in unwanted conditions babies and children suffer from every day.

Please describe your child's health complaint:
1. ____ for how long?____________________
2. ____ for how long?____________________
3. ____ for how long?____________________
What do you think caused this problem(s)? ____
Other Doctors you have seen for this problem(s)?____

Your Child's Birth
How long was the entire labour? ___________________ How long did you actually push?______________
Were you induced? ☐ Yes ☐ No Epidural? ☐ Yes ☐ No C-Section? ☐ Yes ☐ No
Was there any pulling on the head? ☐ Yes ☐ No Forceps or vacuum extraction used? ☐ Yes ☐ No
Were there any complications before/during/after the birth? Please briefly describe. _______________
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Please tick any of the following symptoms your child has experienced.

☐ Poor Co-ordination	☐ Allergies/Sinus	☐ Reflux
☐ Learning Difficulties	☐ Digestive Problems	☐ Epilepsy/Seizures
☐ Asthma/Breathing Problems	☐ Irritability/Moodiness	☐ Neck pain/Stiffness
☐ Bed Wetting	☐ Nervousness/Depression	☐ Numbness/Tingling arms/hands
☐ Recurrent Colds/Flu	☐ Fatigue/Energy Levels	☐ Dizziness/Ringing in ears
☐ ADHD/Autism/Hyperactivity	☐ Weight Problems	☐ Pain between shoulders
☐ Constipation/Diarrhoea	☐ Headaches/Migraines	☐ Numbness/Tingling in Legs/Feet
☐ Poor Sleeping Patterns	☐ Leg Pain/Cramps	☐ Hip Pain
☐ Poor Posture	☐ "Growing Pains"	☐ Bowel/Bladder Problems

Did you know…47% of all children fall on their head by the age of one and they have at least 200 more major falls by the age of 5 years old!