

Child's Case History

Date: / / Patient Number:

PERSONAL DATA Name _____ SS # _____ Birthday: / /
Address _____ Hm # _____ Parent Cell # _____
City _____ State _____ Zip _____ Parent Wk # _____
Parent name(s) _____ Age of Siblings _____

YOUR CHILD'S HEALTH HISTORY Has your child been under Chiropractic care before? _____ When? _____ How long? _____
Chiropractor's name _____ Why did you discontinue care? _____
Reason(s) for consulting this practice: _____

Please check any of the following statements that describe(s) your current goals for your child's health and well being:

- I am only concerned about relief of a particular symptom.
- I am concerned about relief of a particular symptom, and preventing its return.
- I my child want to perform at the highest capacity.

The human body is designed to express health, to function normally. However, events and stresses may occur which can cause interferences with this natural ability. Interferences are most commonly caused by vertebral subluxations; subluxations are spinal joints which do not work properly and interfere with the transmission of nerve impulses. Since normal body function is governed by these impulses, interferences can deeply affect your wellbeing.

Any stress to which your body cannot adapt may cause subluxations. These stresses may be physical, chemical, or emotional in nature.

Hence, the practice of chiropractic is based on the location and reduction of nerve system interference caused by the vertebral subluxation.

Please tell us about any stress associated with your child's birth (i.e. difficult delivery, drugs during labor). Please be complete.

Please tell us about any stress associated with his or her childhood (i.e. falls, broken bones, contact sports, frequent or serious illness, medications). Please be complete.

Please continue on back.

Please tell us about any care he or she has received to address these stresses. Please be complete.

Please describe the physical aspects of your child's daily life. (i.e. sports, musical instruments, watching television).

On a scale of 1-10, with 10 being optimum, how would you rate your child's current health? _____

If his or her health does not rate a 10, how likely is it that it will reach a 10 in the foreseeable future? _____

What other health care is your child receiving?

What are you currently doing to either maintain or improve your child's health? You may want to include mental/spiritual as well as physical and chemical (diet) health measures.

**PERMISSION
TO ADJUST
YOUR CHILD**

I, _____, do hereby give permission for Timothy Knight,
D.C., to adjust vertebral subluxations on my child.

Signature

We accept payment by cash, check
and credit card.

**I understand that all services are to be paid in full at the time of service, unless
other arrangements have been made and agreed upon in writing.**

For office use only:

DOI _____ NPC _____ DX _____

KNIGHT CHIROPRACTIC

ARLINGTON, MA (781) 641-2510