BRENTWOOD CHIROPRACTIC CLINIC

Move Better. Feel Better. Live Better.

INFANT INTAKE FORM (0-2 YEARS) **Date: _____**

Name: _____ _____ Date of Birth: _____ Age: _____ Male / Female

Address: _____ City: _____ Province: _____ Postal Code: _____

Alberta Healthcare #: _____

Parents/Guardians: _____ Phone #: _____

How did you hear about our clinic? _____

Have you ever had chiropractic care before? **Yes** **No** Name of last chiropractor: _____

BIRTH HISTORY

What is the main reason for bringing your child in today? _____

_____

Did you experience any of the following during your pregnancy?

Breech position during pregnancy **Severe stress** **Pre-eclampsia**

Was the birth assisted? **Yes** **No**

If yes, how? **Forceps** **Vacuum Extraction** **C-Section** **Induced Labour**

Duration of Birth: _____ Was the delivery normal? **Yes** **No**

APGAR: _____Birth Weight: _____ Birth Height: _____

Did your child receive vaccinations? **Yes** **No** If yes, which ones? _____

Did your child react to them? **Yes** **No**

Did your child experience any of the following as a newborn? (Please check all that apply):

__Distorted skull

__Formula fed bottle fed

__Difficulty turning head

__Abnormal posture – head tilt

__Difficulty latching/sucking

__Breast fed

__Colic

__Other

Dr. Roger G. Jones & Dr. Craig Breckenridge
#108, 937 Fir St. Sherwood Park, AB T8A 4N6 - 780-467-0892 - Fax: 780-467-9835
www.brentwoodchiropractic.ca Follow us on Facebook @ Brentwood-Chiropractic-Clinic

Patient Name: _____ Date: _____

Development:

Does or did your child have any of the following:

__Toe walker __Appears clumsy

__Sits in a "W"/frog position __Early walker

__Difficulty with crawling – scoot, creep, army crawl (did not crawl on all fours)

Did you child skip any milestones? **Roll** **Sit** **Crawl** **Stand** **Walk**

At what age did your child start to walk unassisted? _____

HEALTH HISTORY

Does or did your child have any of the following:

__Frequent illness __Chronic ear infections/ear aches

__Prolonged illness __Frequent runny nose

__Hyperactivity __Frequent thirst

__Eczema __Skin Sensitivities

Has your child been on any antibiotics? _____

Approximate # of time _____ Unknown_____

Allergies: **Environmental** **Food**

Abnormal bowel movements: **Diarrhea** **Constipation** **Withholding**

Sleep quality: **Good** **Fair** **Poor**

Mood fluctuations: _____

Food:

Approximate consumption per day: Water _____ Milk_____ Soda/Other_____

How would you rate your child's diet: **Good** **Fair** **Poor**

Medications/Vitamins:_____

Other Concerns or Questions: _____

_____

_____

_____

Dr. Roger G. Jones & Dr. Craig Breckenridge
#108, 937 Fir St. Sherwood Park, AB T8A 4N6 - 780-467-0892 - Fax: 780-467-9835
www.brentwoodchiropractic.ca Follow us on Facebook @ Brentwood-Chiropractic-Clinic