



Baker Borski Chiropractic

SCHOOL-AGE CHILD HISTORY

(5 years and older)

Today's Date _____

Child's Name _____ Sex: M F Date of Birth _____

Age _____

Reason for Today's Visit _____

YES NO Have you had this problem before? _____

YES NO Have you previously been treated for this problem? By whom? _____

YES NO Have you previously had chiropractic care? When? _____

ABOUT YOUR HEALTH

In the past have you had any of the following:

YES NO Back or neck pain _____

YES NO Pain in the legs or arms _____

YES NO Headaches _____

YES NO Asthma _____

YES NO Allergies _____

YES NO Earaches _____

YES NO Falls from a bicycle, skateboard, scooter, rollerblades, etc _____

YES NO Bedwetting _____

YES NO Have you ever been in a motor vehicle accident? _____

YES NO Have you ever had any broken bones? _____

YES NO Have you ever had any surgeries? _____

YES NO Are you at present taking any medications? _____

YES NO Do you have any other health concerns? _____

ABOUT YOUR LIFESTYLE

What grade are you in school? _____

How do you carry your school books? _____

How heavy is your school book bag? _____

What sports do you play? _____

