Dr. Nick Wise at Center of Motion 400 Market St, Suite 105 Chapel Hill, NC 27516 (919) 642-3838

Pediatric History Form

(Age 5 and Under)

Patient Name: _____ S.S. #: _____

Address: _____Apt#/PO Box# _____ City:_____

State: _____ Zip: _____ Home Phone: _____

Birth Date: _____/ _____/ _____ Parent's Work Phone: _____

Sex: _____ Weight: _____ Height: _____ Referred By: _____

Names of Parents / Guardians: _____

Purpose for contacting us? _____

Other Doctors Seen for this Condition: _____

Prior Treatments _____

Check any of the Following Conditions Your Child has Suffered from During the Past Six Months:

- ○ Ear Infections
- ○ Asthma / Allergies
- ○ Colic
- ○ Scoliosis
- ○ Digestive Problems
- ○ Bed Wetting
- ○ Seizures
- ○ ADHD
- ○ Car Accidents
- ○ Chronic Colds
- ○ Recurring Fevers
- ○ Temper Tantrums
- ○ Headaches
- ○ Growing / Back Pains

Other Symptoms, conditions or diagnoses: _____

_____

Family History: _____

Previous Chiropractor: _____Date of Last Visit: _____/ _____/ _____

Reason: _____

Name of Pediatrician: _____ Date of Last Visit: _____/ _____/ _____

Reason:_____

Number Of Doses Of Antibiotics Your Child Has Taken During the Past Six Months: _____ Lifetime: _____

Prenatal History:

Name of Obstetrician / Midwife: _____ Complications During Pregnancy? ○ N ○ Y

If yes, List: _____

Medications During Pregnancy? ○ N ○ Y... List: _____

Cigarette Use During Pregnancy? ○ N ○ Y Alcohol Use During Pregnancy? ○ N ○ Y

Location of Birth: ○ Hospital ○ Birthing Center ○ Home

Birth Intervention: ○ Forceps ○ Vacuum Extraction ○ Caesarian Section: ○ Emergency ○ Planned

Complications During Delivery? ○ N ○ Y... List _____

Genetic Disorders or Disabilities: ○ N ○ Y... List _____

Birth Weight: _____ Birth Length: _____ APGAR Scores: _____, _____

Vaccination History:

○ Uneventful ○ Complications... List: _____

_____

Feeding History:

Breast Fed: ○ N ○ Y... How Long? _____

Formula Fed: ○ N ○ Y... How Long? _____Type _____ Introduced to Solids at ____ Months, Cows' Milk at _____ Months Food / Environmental Allergies or Intolerances: ○ N ○ Y... List

_____

Childhood Diseases: ○ Chicken Pox : Age _____ ○ Rubella: Age _____ ○ Mumps : Age _____ ○ Whooping Cough : Age _____○ RSV ○ Other _____

Developmental History:

At certain developmental stages your child's spine is most vulnerable to stress and should routinely be checked by a Doctor of Chiropractic for prevention and early detection of vertebral subluxations (spinal nerve interference).

At what age was your child able to: Respond to Sound _____ Respond to Visual Stimuli _____ Hold Head Up _____ Sit Up _____ Cross Crawl _____ Stand Alone _____ Walk Alone _____

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e., a bed, changing table, down stairs, etc.) Was this the case with your child? ○ N ○ Y

If yes, Describe: _____

Is or has your child been involved in any high impact or contact type sports (i.e., Soccer, Football, Gymnastics, Baseball, Cheerleading, Martial Arts, Dancing, etc.)? ○ N ○ Y... List: _____

Has your Child ever been involved in a Car Accident? ○ N ○ Y... List: _____

Has your Child ever been seen on an Emergency Basis? ○ N ○ Y... List _____

Other Traumas ? ○ N ○ Y... List _____ Prior Surgery: ○ N ○ Y... List: _____

AUTHORIZATION FOR CARE OF MINOR : I authorize Dr. Nicholas Wise to examine and my minor child.

Signature of Responsible Person: _____ Date: _____