



CHILD'S COMPLAINT (cont'd)

The condition interferes with: School  Sleep  Daily Routine  Other Activities

Describe: \_\_\_\_\_

Have you had this condition before? Yes  No  When? \_\_\_\_\_

Have you seen another doctor for this? Yes  No  When? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Treatment/ Results: \_\_\_\_\_

GENERAL HISTORY

Were there any complications during pregnancy or delivery? Yes  No

Describe: \_\_\_\_\_

What position was your baby in during third trimester? \_\_\_\_\_

How was the child delivered? Home Birth  Hospital  Midwife

Induced  Forceps  Vacuum  C-Section  Doctor twisted/pulled

Are there any genetic diseases or birth defects? Yes  No

What time is your child's bed time? \_\_\_\_\_

What time does your child wake up? \_\_\_\_\_

Please list your child's accidents, falls, injuries, and illnesses: (include dates) \_\_\_\_\_

Has your child had any surgeries or been hospitalized? Yes  No

When and for what? \_\_\_\_\_  
\_\_\_\_\_

What activities/sports does your child participate in? \_\_\_\_\_  
\_\_\_\_\_

FEEDING HISTORY

Was your child breast fed?    Yes     No                       How long? \_\_\_\_\_

Did your child have a “preferred” side?    Yes     No                       Which? \_\_\_\_\_

Was your child formula fed?    Yes     No                       How long? \_\_\_\_\_

When did your child start eating solid foods? \_\_\_\_\_                      Drinking milk? \_\_\_\_\_

Does your child have any food allergies/intolerances?    Yes     No

Describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any digestive problems?    Yes     No     Describe: \_\_\_\_\_  
\_\_\_\_\_

VACCINE HISTORY

Has your child been vaccinated?    Yes     No                       Please list: (include dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Health is affected by your nervous system, but it is also affected by your environment, the foods you eat, and your lifestyle activities and habits. Chiropractic care is an important addition to a healthier lifestyle.*

*I understand the above information and guarantee this form was completed correctly to the best of my knowledge. I also understand it is my responsibility to inform this office of any changes in my child’s medical status.*

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please place a check mark beside any milestone that your child was delayed in achieving.**

GROSS MOTOR SKILLS	
AGE	SKILL
4 wks	Able to hold head up from table momentarily
3 mths	Head & shoulder can be supported by forearms
4 mths	Can be pulled into sitting position by hands
6 mths	Sits unsupported in upright position
6 mths	Head & shoulders can be supported by arms
6 mths	Rolls from face down to face up
9 mths	Crawls
9 mths	Stands holding on to furniture
11 mths	Walks with someone holding onto one hand
12 mths	Walks unassisted
2 yrs	Runs
2 yrs	Negotiates stairs – 2 feet on each step
3 yrs	Climbs stairs - one foot on each step
4 yrs	Walks down stairs – one foot on each step
4 yrs	Hops on one foot

FINE MOTOR SKILLS	
AGE	SKILL
Birth	Primitive grasp reflex
4 mths	Holds and shakes rattle placed in hand
5 mths	Grasps objects independently
6 mths	Moves an object from one hand to the other
6 mths	Self-feeding, can hold and eat a cookie
6 mths	Checks objects by placing in mouth
12 mths	Picks up object with thumb and index finger
15 mths	Turns 2-3 pages of a book at a time
18 mths	Turns pages of a book one at a time
24 mths	Builds a tower containing at least 5 blocks
4 years	Builds a tower containing at least 10 blocks

COMMUNICATION SKILLS	
AGE	SKILL
7 wks	Makes cooing sounds
3 mths	Laughs
5 mths	Uses one syllable words such as “da”
8 mths	Uses 2 syllable words such as “dada”
12 mths	Uses 2-3 word vocabulary

24 mths

Uses 2-3 word phrases

### **SOCIAL SKILLS**

<b>AGE</b>	<b>SKILL</b>
2 mths	Smiles
3 mths	Reaches for familiar objects
4 mths	Plays with hands
6 mths	Plays with feet
9 mths	Clearly shows joy and pleasure
12 mths	Feeds self with fingers
15 mths	Plays peek-a-boo
18 mths	Understands yes and no