Welcome to my practice! I appreciate your trust in me and look forward to help support your health goals for your child. Please complete the following information so I can get to know more about your child. ~Dr. Margie

CHIROPRACTIC INITIAL INTAKE - BABY/INFANT DATE:_____________________

Child's Full Name: _____________________________ Nickname: ____________________________

Birthday: ___________________ Age: _______________ Sex: Male Female

Number of Siblings: ________ Names/Ages: ____

Mother's Name: _____________________________ Father's Name: __________________________

Mother or Father's Email Address: ____

Address: ____

City: ____ State: ________ Zip: _______________

Phone: ______________________________ Cell Phone: ___________________________________

Who may we thank for your referral today? ____

____

Current: Weight______ Height______ Birth: Weight_____ Length_______

Type of Birth: (circle all applicable) Vaginal Unmedicated Forceps C-Section Breech Vacuum

If medications were used during labor, which ones? ____

Please describe pregnancy details: ____

____

____

Please describe Labor and Delivery: ____

____

APGAR Scores: ______ Presence at birth of: ________Jaundice (yellow) ______ Cyanosis (blue)

Any congenital anomalies/defects: ____

Infant feeding details: ____

What does the child currently eat: ____

Overall sleep patterns: ____

Sleep quality: ___ Good ___ Fair ___ Poor Where does the child sleep? ____________________

Bowel Movement Quality: _____ well-formed _____ loose ______ hard ______ mucus _____ bloody

Number of Bowel Movements per day: _____________ Any pain associated? ___________________

Name of OBGYN/Midwife: ____

Name of Pediatrician/Family Dr.: ____

Date of last visit to MD: _____________________ Reason: _________________________________

Immunization History: ____

Has the patient ever been treated on an emergency basis? ____________________________________

Please describe a day-in-the-life of your child: ____

____

What health/wellness goals do you have for your child? ______________________________________

____

How can we help your child today?____

____

____