

# worthington optimal wellness

## PEDIATRIC PATIENT INTRODUCTION Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Mother's: \_\_\_\_\_ Father's: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Parent Home Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Parent Cell Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Parent Work Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Parent(s) Employment/Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Current Weight \_\_\_\_\_ # of Siblings: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Ins. Policy Subscriber Name \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Patient's Condition/Health Complaints: \_\_\_\_\_

Is the problem (circle): getting worse staying the same getting better constant frequent occasional

Has your child been treated for this condition? Yes No If so, when? \_\_\_\_\_

Obstetrical procedures can cause tractioning and twisting of an infant's spine, producing Vertebral Subluxation (a spinal bone which has lost its normal position and range of motion causing irritation to delicate nerve tissue). It is documented that the most common signs of injury in newborns are related to nervous system damage.

**Type of Birth** (circle all that apply): normal vaginal forceps breech c-section home hospital birthing center other: \_\_\_\_\_

How long was the entire labor? \_\_\_\_\_ How long did the mother actually push? \_\_\_\_\_

Problems during pregnancy: \_\_\_\_\_ during labor/delivery: \_\_\_\_\_

Infant feeding (circle): breast bottle formula Quality of Sleep: good fair poor

Immunizations: Yes No Surgeries: \_\_\_\_\_ Medications: \_\_\_\_\_

47% of all children fall on their head by the age of one and they have at least 200 more major falls by the age of 5. Most recent fall: \_\_\_\_\_ Other significant falls/trauma/car accidents \_\_\_\_\_

Sports and recreational activities: \_\_\_\_\_

Vertebral Subluxation can cause irritation to different nerves that can affect any organ or tissue, causing conditions now or in the future. Has this child ever suffered from: (circle all that apply) Bed Wetting Ear Infection Allergy Colic Tonsillitis Asthma Back Pain Neck Pain ADD Scoliosis Sleeping Problems Broken Bones Digestive Problems Growing Pains Headache

AUTHORIZATION FOR CARE OF A MINOR I hereby authorize this clinic and its doctor(s) to administer care as they so deem necessary to my son/daughter/ward (upon approval of parent or guardian).

Print Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_