



Tree of Life Health and Wellness  
 510 West State Street  
 Ithaca, New York 14850  
 www.IthacaTreeofLife.com

## Pediatric History Form

Patient Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex:  M  F Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Referred by: \_\_\_\_\_ Names of Parents/Guardians: \_\_\_\_\_

Main Health Concern: \_\_\_\_\_

Other doctors seen for this condition?  Y  N

Doctor's names and prior treatment: \_\_\_\_\_

Other health problems: \_\_\_\_\_

Check any of the following conditions your child has suffered from during the past six months:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Ear Infections     | <input type="checkbox"/> Scoliosis       | <input type="checkbox"/> Seizures         | <input type="checkbox"/> Chronic Colds      |
| <input type="checkbox"/> Asthma/Allergies   | <input type="checkbox"/> ADHD            | <input type="checkbox"/> Recurring Fevers | <input type="checkbox"/> Digestive Problems |
| <input type="checkbox"/> Growing/Back Pains | <input type="checkbox"/> Colic           | <input type="checkbox"/> Bed Wetting      | <input type="checkbox"/> Car Accident       |
| <input type="checkbox"/> Headaches          | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Other: _____     |   |

Previous Chiropractor: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Reason: \_\_\_\_\_

Are you satisfied with the care your child has received there?  Y  N

Has your child taken antibiotics in the past six months?  Y  N

Has your child been vaccinated?  Y  N

What type of birth did your child have?  Vaginal  Caesarean

Was an epidural given?  Y  N

Were forceps or a vacuum used?  Y  N

Is there anything else about the birth we should know? \_\_\_\_\_

I give consent for my child, \_\_\_\_\_,  
 to receive care at **Tree of Life Health and Wellness.**

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

Tree of Life Health and Wellness  
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