

Patient History (Children up to age 3)

1

Name _____
 Address _____
 City _____ State _____ Zip _____
 Birthday _____ Age _____ Sex M F
 Social Security Number _____
 Occupation _____
 Employer _____
 Marital Status Married Single Divorced Widowed
 Spouse's Name _____
 Number of Children _____ Ages _____
 Parents Name(if a minor) _____
 Who referred you to us? _____

2

Person Responsible for Account _____
 Relationship to Patient _____
 Insured's Name _____
 Insured's DOB _____
 Insured's SSN _____
 Insured's Employer _____
 Insurance Company _____

3

Home Phone _____
 Work Phone _____ Ext. _____
 Cell Phone _____

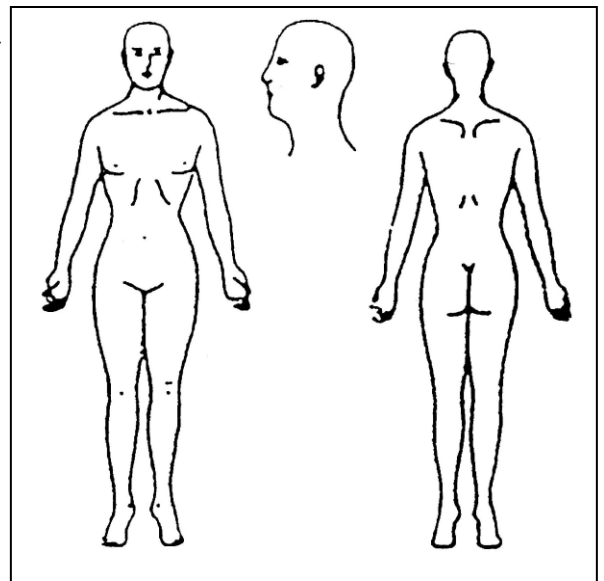
4

What can we help you with today? _____
 What do you think caused this condition? _____
 How long have you had this condition? What date did it begin? _____
 What makes your condition better? _____
 What makes your condition worse? _____

Is this condition Improved Unchanged Getting Worse
 Is this condition interfering with your Work Sleep
 Daily Routine Other _____

Circle below the severity of your pain on a scale of 0 to 10 as it is **now**
 (No pain) **0 1 2 3 4 5 6 7 8 9 10** (Severe Pain)
 Circle below the severity of your pain on a scale of 0 to 10 as it was
when it started
 (No pain) **0 1 2 3 4 5 6 7 8 9 10** (Severe Pain)

Mark the area of your symptoms on the figure to the right. Use the following letters:
Aches—A Numbness—N Pins/Needles—PN Burning—B Stabbing—S



5

BIRTH HISTORY

Delivery Natural Drug-induced Drug-assisted C-section-Planned C-section-Emergency

Labor < 3 Hrs. (precipitous) 3-6 Hrs. 3-6 Hrs. 6-15 Hrs. > 15 Hrs. (prolonged)

Complications Abnormal Birth Position Forceps Used Spinal Anesthesia Vacuum Extractor

6

EARLY CHILDHOOD HISTORY

Colic _____ Recurrent Ear Infections _____

Falls _____ Crying, Irritability _____

Accidents _____

Surgery _____

Other _____

7

RECENT HEALTH HISTORY

Falls _____ Muscular Development _____

Accidents _____ Coordination _____

Surgery _____

Complains _____

Behavior At Home _____

School Performance _____

Current Pediatrician _____