



98 NORTH HIGHWAY 89 CHINO VALLEY, AZ 86323
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ANITA L. SCHEER, D.C.
JULIE K. WESTON, D.C.

Child Health Profile & Permission

Parents please complete this form. If you have any questions, the receptionist is here to assist you.

Parent's Name _____ Today's' Date _____

Mailing Address _____
(street) (City) (State) (Zip)

Phones: Home _____ Work _____ Cell _____
e-mail address _____

Child's Name _____ Prefers to be called _____
Age _____ Birth date _____ M F

How did you learn of us or whom may we thank for referring you? _____

Has your child ever received Chiropractic Care before? _____
If yes, when and by whom _____ For how long _____

Have you or your spouse ever received Chiropractic Care? Yes No

What other natural forms of healthcare has your child received? _____

What do you hope for your child to receive from Chiropractic care in this office?

Please answer the following questions about your child's health history

Were you physically ill prior to or during your pregnancy? Yes No _____

Was the pregnancy a difficult one? Yes No _____

Did you have any falls, accidents or injuries during the pregnancy? Yes No

Was the labor chemically induced? Yes No

Were you conscious / semiconscious / unconscious? _____

Was the birth: Drug induced Forceps or suction C-section
 Breech Natural Prolonged
 Complicated, if so explain _____
 At home In Birthing Center In Hospital

Was your child incubated or isolated _____

Was your child: Bottle Fed Breast Fed Other _____

Has your child experienced any of the following? If so please list when and any further comments you wish to share

- Headaches
- Allergies
- Ear Infection
- Breathing Problems
- Fatigue
- Irritability
- Hyperactivity
- Flu
- Frequent Colds
- Meningitis
- Diarrhea
- Bloody Noses
- Colic
- Rashes
- Constipation
- Bed Wetting
- Sleeping Problems
- Milk or Lactose Intolerance
- Digestive Problems
- Hyperactivity
- Learning Disabilities
- Poor Posture
- In Auto Accident
- Broken Bones
- Hospitalized/Surgery, if yes, please list _____
- Other _____

Is your child currently on any medication? Yes No In the Past? Yes No
Please list Medications _____

Has your child been vaccinated? Yes No _____

Is your child active in any sports? Yes No If yes, which ones _____

How would you rate your child's health?
 Excellent Good Fair Poor Getting Better Getting Worse

How would you rate your child's emotional/mental health?
 Excellent Good Fair Poor Getting Better Getting Worse

Is there anything else you wish to share which may help us to better understand your child? _____

I hereby authorize Dr. Julie K. Weston and/or Dr. Anita L. Scheer of Chino Valley Family Chiropractic to administer care necessary to my child named above.

Parent's/Guardian's Name _____
Parent's/Guardian's Signature _____ Witness _____
Dated this _____ day of _____, 2007