



# Child Health Form

To be filled out by parent or guardian  
*Please Print Clearly and fill in completely.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please check Sex: Male \_\_\_ Female \_\_\_ Right handed \_\_\_ Left handed \_\_\_

### Health History:

Give reason for seeking chiropractic care: \_\_\_\_\_

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Describe any health problems, including how long child has had them: \_\_\_\_\_

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Is child under the care of any other doctor? Yes \_\_\_ No \_\_\_

If Yes, please list the doctors your child is seeing, the conditions being treated for, and any progress. \_\_\_\_\_

List any current Medications: \_\_\_\_\_

List any past surgeries & dates: \_\_\_\_\_

List any past accidents & dates: \_\_\_\_\_

List any x-rays child has had in the past 2 years: \_\_\_\_\_

### Chiropractic History:

Has child been to a Chiropractor before? Yes \_\_\_ No \_\_\_ Doctor's Name \_\_\_\_\_

Date of last chiropractic visit \_\_\_\_\_ Reason for care \_\_\_\_\_

Date of last chiropractic X-rays \_\_\_\_\_ How long was child under care? \_\_\_\_\_

Are other family members under chiropractic care? Yes \_\_\_ No \_\_\_ Who? \_\_\_\_\_

Please describe any other information you feel would assist us in the care of your child? \_\_\_\_\_

Print Parent's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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