

**FAMILY HEALTH HISTORY**

Please note any health problems (ie. Cancer, hereditary conditions, diabetes, heart disease, etc.) that are present in:

Mother's immediate family \_\_\_\_\_

Father's immediate family \_\_\_\_\_

Siblings \_\_\_\_\_

**Since problems that chiropractors look for and detect can be related to many types of stressors, the following information is also very important to us.**

**PHYSICAL STRESSORS**

Did any type of trauma occur to the mother during pregnancy? (ie. falls, accidents, etc.) **Yes No**

*If Yes*, please explain: \_\_\_\_\_

Did the infant show any evidence of birth trauma? (please mark all that apply)

- \_\_\_ bruising
- \_\_\_ odd shaped head
- \_\_\_ stuck in the birth canal
- \_\_\_ expeditious or excessively long birth
- \_\_\_ respiratory depression
- \_\_\_ nuchal cord (cord wrapped around the neck)

Did the infant have any falls from couches, beds, change tables, etc? **Yes No**

*If Yes*, please explain: \_\_\_\_\_

Did the child sustain any trauma which resulted in bruises, cuts, stitches or fractures? **Yes No**

*If Yes*, please explain: \_\_\_\_\_

Did the child require any hospitalizations or surgeries? **Yes No**

*If Yes*, please explain: \_\_\_\_\_

Please list any sports your child plays: \_\_\_\_\_

Is a school backpack used? **Yes No** Is it heavy or light? (circle one)