



Pediatric Intake Form

Name _____ DOB _____

Address _____

Phone _____

Weight _____ Birth Weight _____ Length _____

Head Circumference _____

Type of Birth _____ Hours in Labor _____

Condition at Birth _____

Apgar Score at one and five minutes _____

Any other problems during or after delivery _____

All illnesses and dates _____

Immunizations and dates _____

Allergies _____

Pets in the home _____

Smokers in the home or where the child spends time _____

Mother's health preconception and during pregnancy _____

Child's full list of current medications or supplements _____

Child's typical diet _____

Hours of sleep each night _____

Main concerns today _____

Has your child ever received chiropractic care? _____