

# Lifeline Chiropractic Children's Health Questionnaire From birth through age 17

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parents' e-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents' cell phones: \_\_\_\_\_

If school age, what grade level is your child? \_\_\_\_\_

What School? \_\_\_\_\_

What health concerns brought your child to our office?

\_\_\_\_\_

\_\_\_\_\_

What other doctors have you consulted for these conditions?

Name of doctor	Phone#	Diagnosis
_____	_____	_____
_____	_____	_____

How did your family hear about our office? \_\_\_\_\_

Has your child ever been to a chiropractor before? \_\_\_\_\_

Please rate your child's overall health:    1   2   3   4   5   6   7   8   9   10  
Poor Excellent

### Parental / Guardian Consent

I give Dr. Brown my permission to render chiropractic care to \_\_\_\_\_  
 (for whom I am responsible). I understand that this care may include chiropractic  
 examinations, adjustments and the recommendations of x-rays if needed.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date