

Welcome to the family



CONFIDENTIAL HEALTH AND WELLNESS QUESTIONNAIRE

Our team believes that health is more than just how you feel. True health and wellness means you and your baby are physically, mentally and emotionally at your best.

ABOUT YOUR BABY

Full name _____ Date _____

Date of birth: _____ Gender: M / F

Mum's name: _____

Dad's name _____

Siblings names and ages: _____

Address _____

_____ Postcode _____

Telephone H _____ W _____ M _____

Email _____

Who may we thank for referring you? _____

YOUR BABIES BIRTH:

How many weeks pregnant were you when you gave birth? _____

Were you induced? Y / N Did you have an epidural? Y / N Did you have a caesarean Y / N

Was there any pulling on baby's head? Y / N

Were there any complications during the birth or after for baby or yourself? _____

Is your baby breast fed? Y / N If yes, does your baby have a favourite side to feed from? Y / N

YOUR BABIES' CURRENT HEALTH

Please tick any of the following symptoms your baby has had:

- | | | |
|--|---|--|
| ☐ Poor Feeding patterns | ☐ Breathing problems | ☐ Ear infections (Left / Right) |
| ☐ Often brings up feeds | ☐ Reflux/Colic | ☐ Allergies/Rashes |
| ☐ Poor Sleeping patterns | ☐ Digestive problems/Gas | ☐ Recurrent colds/Flu |
| ☐ Irritability/Restlessness | ☐ Constipation/Diarrhoea | |

What is the main reason you have brought your baby to see us? _____

How long has baby had this problem? _____

How did this problem start? _____

What makes this problem better? _____

What makes this problem worse? _____

Have you sought any treatment for this/these issues? _____

GENERAL HEALTH HISTORY

Have your baby had any major accidents, injuries or illnesses in the past? _____

Have your baby ever been hospitalised? What for? _____

What medications has your child taken in the past? (Antibiotics etc.) _____

Have your baby ever seen a chiropractor before? _____

INFORMED CONSENT

I consent to a professional and complete chiropractic examination and any care the chiropractor deems necessary for my child. I consent for their information being shared within the practice.

Print your name: _____

Signature: _____