DR. ROBBIE JOHNSON, D.C.
7340 E Caley Avenue, Suite 220, Centennial, CO 80111
303-741-1181

Children's Case History

It is a pleasure to welcome you to our family of happy and health chiropractic patients. Please let us know if there is any way we can make you and your family feel more comfortable. To help us serve you better. We look forward to working with you to build better health for your family.

Child's Name _____ **Birth Date** _____ **Sex (circle) M F**

Social Security No# _____

Address _____ **City** _____ **Zip** _____

Parents' Names _____

Parent's Phone _____ **Work#** _____

Siblings and ages _____

_____

Who referred you to our office? _____

CAUSE

The human body is designed to be healthy. The primary system in the body that coordinates health is the nervous system. The healthy function of every cell, every system, and every organ is dependent upon the integrity of the nervous system. The bones of the skull and vertebrae of the spine house and protect the central nervous system.

From the birth process until the present, events have occurred in your child's life, which may have caused interference and damage to this delicate system. Physical, emotional and chemical stresses common to our contemporary lifestyles can result in misalignment and damage to the spinal column. This interference is called the Vertebral Subluxation Complex.

This form will help reveal the causes of Vertebral Subluxation, which interfere with the optimal function of your child's nervous system and therefore impair your child's inborn health and well being.

Vertebral Subluxation Assessment

1. Has your child been checked by a Doctor of Chiropractic? Yes No
   Doctor's Name? _____ Were x-rays taken? Yes No
   Who is your regular pediatrician? _____

Experts around the world agree: the birth process, as we know it may cause extensive neurological trauma, damage and even death to the infant.

2. Did you have ultrasound during this pregnancy? Yes No Frequency _____
   - •Place of birth: Home / Birthing Center / Hospital
   - •Provider: Midwife / OB-Gyn / Other
   - •Type of Birth: Vaginal / C-section
   - •Was anesthesia used? Yes No Type _____
   - •Was labor induced? Yes No If yes, why? _____
   - •What position did you deliver in: Squatting / On Back
   - •Birth Trauma: Doctor assisted / Twisting, Pulling / Vacuum Extraction / Forceps

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•Newborn trauma (medical procedures and tests)_____

_____

3. Did you breast-feed your child? Yes No How long?_____
   Did your health care provider support your decision? Yes No

According to the National Safety Council approx. 50% of infants have fallen onto their heads during their first years of life. Another study reveals 1/4 million children are injured in playgrounds annually.

Developmental History

At what age was your child able to:

Respond to sound_____ Hold head up_____ Cross crawl_____ Respond to visual stimuli_____
Sit up_____ Stand alone _____ Walk alone_____

4. Can you recall any such jolts, falls or traumas to your child? Yes No

   Please Describe:_____

   _____

   Any fractures or dislocations? _____

5. Has your child been involved in any auto accidents? Yes No
   Please list and briefly describe:_____

   _____

6. Which sports does your child play? Soccer/ Football / Gymnastics / Karate / Hockey / Lacrosse / Basketball / Dance / Wrestling / Baseball / Other _____

7. Other than the 5 hours per day spent sitting in the classroom, does your child spend additional prolonged time sitting?
   Yes No In front of a computer or TV?

8. How would you rate your child's diet? Supervised Unsupervised Healthy Normal Poor
   Does your child consume artificial sweeteners? Yes No Type? _____
   Fluoridated water? Yes No

9. Circle any of the following conditions your child has suffered from:

   Auto Accident, Scoliosis, Colic, Irregular Sleeping Patterns, Night Terrors, Seizures, Tantrums, Ear Infections, Allergies, Asthma, Headaches, Digestive Problems, Repeated Infections or Colds, Recurring Fevers, Temper Tantrums, Growing/Back Pains, Bed Wetting, Learning Disorders, Emotional Disorders, ADD or ADHD
   Other _____

10. Circle any of the following childhood diseases you child has had:

    Chicken Pox Rubella Mumps Whooping Cough Measles Other_____

11. Number of antibiotics you child has taken? _____ Past 6 months _____ Total in lifetime _____
    Has child ever taken other prescription or OTC medications? Yes No How often _____
    If it was an antibiotic, was your child cultured for its use? Yes No
    Is your child currently on any medications? (Please list)

    _____

    _____

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12. Has your child been seen on emergency basis? Yes No During past 6 months____ In Lifetime____
    List: _____

    _____

    Any surgeries? _____

The child's immune system, like all other developing systems of the body is both intricate and delicate. It strives for a state of homeostasis and balance in the body. Long term, adverse effects from interfering with this process with artificial immunizations is just being uncovered.

13. Were you adequately informed of the risks of vaccinating your child? Yes No
14. Did your child experience any behavioral, emotional or physical changes within 3 months after any shots?
    Yes No

If yes, please describe: _____

_____

_____

Did you or your doctor report it? Yes No

Whether or not your child was vaccinated, they can still be seen and treated in our office. If you would like to learn more about immunization, just ask us. We will be happy to provide you with website information and/or literature so that you can make informed decisions relating your child's health.

Correction

Today, we are becoming more aware, how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and the immune system function. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well being for your child.

AUTHORIZATION FOR CARE OF A MINOR

I hereby authorize Dr. Roberta Johnson, D.C. to administer care as deemed necessary to my son/daughter.

Signed _____ Date _____

Witnessed _____ Date _____