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## Form for the new Little Ones

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**Date:**

Before we begin, we would like to know to whom we owe an immense THANK YOU! For having referred you to us:

Please, answer all questions to the best of your knowledge. Mom and/or Dad can help you. Dr Martine will review those questions with you.

**Do not write in the white rectangles.**

Thank you!

### Personal Information *(Please fill out with a pen)*

Last name:

First name:

Mother's name:

Father's name:

Address:

City/Town/Municipality:

Postal Code:

Home phone number:

Mom or Dads's work number:

Is it OK to leave a message at these numbers?

Mom or Dad's Email:

Date of birth:

Do you have a pediatrician?

If yes, what is his/her name?

What year are you in at school?

Which school do you go to?

What are the names of your brothers and sisters and their ages?



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**Present history**

What is the main reason for which you are coming to see me today ?



Have you consulted another specialist for the same reason that brings you here today? Yes No  
If yes, who? When?  
And how did it go?

Have you ever received chiropractic care? Yes No  
If yes, who was your chiropractor?  
Date of last adjustment:  
What did you like best about the care?  
What did you like least about the care?

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**Secondary objectives**

Are there any other reasons for seeking care that you would like to have addressed eventually?

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## Life history

How long did your pregnancy last?

Were you born

- |   |  |
|---|--|
| <input type="checkbox"/> At home              | <input type="checkbox"/> At the hospital |
| <input type="checkbox"/> At a birthing center | <input type="checkbox"/> Other, where?   |

How long did your birth last, from the beginning of labor?

Were you a victim of birth trauma like

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Induction (provoked labor)    | <input type="checkbox"/> Forceps or ventouse | <input type="checkbox"/> Others |
| <input type="checkbox"/> Peridural/epidural/anesthesia | <input type="checkbox"/> C-section           |                                 |

Weight at birth:

Height at birth:

APGAR:

Present weight:

Present height:

Soon after birth did you have a jaundice?    a cyanosis (blue)?

Do you have one or many congenital anomalies? Yes / No    What are they: \_\_\_\_\_

Were you breastfed (or are you still)? Yes    No

    If yes, how long were you breastfed?

    If no, what type of milk did you drink?

At what age did you start to:

- ✓ Eat?                      And what food did you eat first?
- ✓ Sit down without help?
- ✓ Crawl?
- ✓ Walk on all fours?
- ✓ Hold yourself up on two feet?
- ✓ Walk on two feet?

Did you receive routine vaccination?              Yes    No

Did you suffer from adverse reactions to vaccines? Yes    No

If yes, describe briefly:



Have you ever...

- Had surgery? Yes / No If yes, when and why? \_\_\_\_\_
- Been a victim of falls, car collisions or other trauma? Yes / No  
 ○ If yes, when and describe briefly:
- Broken any bones or lost consciousness? Yes / No  
 ○ If yes, when and describe briefly:
- Been hospitalized? Yes / No If yes, when and why? \_\_\_\_\_
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### Family history

Are your father and mother in good health? Yes No

- If no, specify briefly:

If you have any, are your brothers and sisters in good health? Yes No

- If no, specify briefly:
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### Lifestyle

Do you take any medications (drugs) ? Yes No

If yes, which ones?

Since when and at what dosage?

Do you take supplements, including vitamins? Yes No

If yes, which ones?

Since when and at what dosage?

Do you drink soft drinks? Yes No

If yes, how many?

According to you, do you drink enough water? Yes No I do not know

How many glasses of water do you drink per day?

Do you exercise regularly? Yes No

If yes, what do you do?

How many times per day or per week?



How many hours do you sleep per night?

Do you nap during the day? Yes No

Do you consider your sleep to be restful? Yes No

Do you think you eat well? Yes No

Which food group do you eat most in one day?

Which food group do you eat least in one day?

How many portions of cow's milk do you drink every day?

How many sweets, including dessert, do you eat every day?

Do you often eat...

- Meals prepared at home       Restaurant meals
- Meals prepared in advance in a store or by a company?



What do you like to do best?



**Systems review**

Do you suffer from difficulties with...

- Your eyes – recurrent infections, cross-eyed, near-sightedness, far-sightedness, etc.
- Your ears – ear infections, hearing difficulties, hearing constant sounds, etc.
- Your nose or sinuses – congestion, frequent colds, repetitive sinusitis, allergies, etc.
- Your mouth or your throat – abscesses, frequent sore throats, etc.

- Your digestion – colic, acid reflux, difficulty digesting certain foods, allergies, etc.
- Your elimination – frequent diarrhea/constipation, bedwetting, pain when peeing, etc.

- Your lungs and your breathing – difficulty breathing, chronic bronchitis, asthma, etc.
- Your heart– heart problems, feeling of pressure over the chest, etc.

- Your nervous or vascular system – headaches, migraines, dizziness, fainting, tremors (shaking), numbness, memory loss, etc.
- Your skin – frequent irritations, unusual pimples/plaques, psoriasis, eczema, rashes, etc.
- Your osseous and articular system – joint pains, growing pains, etc.

- Your emotional health – towards home, school, your friends, your role as a sister or brother, the death of a loved one, etc.
- Your psychological health – Irritability, fatigue, nervousness, hyperactivity, etc.

## Expectations

What are your expectations by coming here ?



Do you wish to receive care...

- To patch, symptomatic care just to reduce pain
- To restore your health
- To maintain your health
- To increase your level of well-being (better-being)

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Health and Quality of life are among the most precious things in this world – YOUR HEALTH AND YOUR FAMILY’S HEALTH. Chiropractic is there for You. The adjustments will help you to express your full potential of life. When you receive a chiropractic adjustment, the work has just begun. During the hours and days that follow your adjustment, your Innate Intelligence will continue to work by using the information received during the adjustment in order to make you better and so that your full healing power will be released. At the Maison Chiropratique Petits et Grands, we do not treat any condition or disease. We adjust people and the body decides, with its Innate Intelligence, what needs to be done, and what can still be done. Hence, we work in harmony with your inner wisdom. However, this process implies that you take back control of life and of your health, and that you accept to invest yourself in assisting “Dr You”.

I recognize that the given information is exact to the best of my knowledge and I consent to receive any necessary examinations.

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**Signature of parent**

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**Date**