



DR JEANETTE HONIG

CHIROPRACTOR CERTIFIED IN SACRO OCCIPITAL
TECHNIQUE AND WEBSTER TECHNIQUE CERTIFIED
IN PEDIATRICS AND CRANIOPATHY

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Pediatric Intake Form

Case History

Name of Child			
Date of Birth		Age of patient	
Sex		Siblings	

History of Present Illness

Please explain in detail, the illness of n your child:

When did they begin to speak?

How many words can she say? How does she communicate?

How does he communicate when she is hungry or if she would like to play?

Does he have any loss of sight and /or hearing?

Does he wear glasses?

Please describe her illness and the chronology of the illness.

What is the effect of her illness on his behavior?

Please answer the above questions in as much detail as possible, and to the best of your ability.

Past History

Prenatal, please explain your prenatal history...

Did you experience any illnesses before you became pregnant or when you were pregnant?

Did you have any complications while you were pregnant?

How was your nutrition, before and during the time of your pregnancy?

Attitude? Were you emotionally prepared for the pregnancy? Were you excited or not excited?

Was this a planned or unplanned pregnancy?

How was your labor and delivery?

Did you have a C-section? Was your child breached? Was any medication given to you, during the labor process?

Did you have a natural delivery?

What was your emotional state at the time of delivering your twins? Were you happy or did you have any post partum depression?

History Continued

Neonatal

What was the APGAR score?

What was the degree of activity , alertness of your child?

Did your child suffer from any respiratory distress, jaundice, anomalies, infections or feeding difficulties?

Kindly elaborate on each and every issue above.

History Continued

Nutritional

Was your child breast or bottle fed?

Was he/ she on a schedule or did she have difficulties?

When did he/she begin to eat solids?

When was your weaned? What was her response to being weaned?

Does your child suffer from any food allergies?

What was your child's birth weight and height?

Did she reach her developmental milestones on time?

Age	Visual Ability	Auditory ability	Tactile ability
Birth	Light reflex	Startle reflex	Babinski reflex
2.5-6 months	Outline perception	Virtual response To threatening sounds	Perception of vital sensations
7-11 months	Appreciation of detail within a configuration	Appreciation of meaningful sounds	Appreciation of knowledgeable sensations
12-17 months	Convergence of Simple depth	Understanding Two word Speech	Tactile Understanding Of third dimension on objects that appear flat