

Pediatric New Patient Information & Child History Form Infant, Age 2 months - 2 years

Today's Date _____

Name _____ Sex _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Child's Nickname _____ Child's SS # _____

Child's home phone # _____

Reason for Today's visit _____

Who may we thank for referring you: _____

Family Information

Mother's name: _____ Father's names: _____

Home phone #: _____ Home phone #: _____

Work phone #: _____ Work phone #: _____

Parent's marital status: Married: _____ Single: _____ Divorced: _____ Widowed: _____

List ages of other children in family: _____

Predominant language used at home: _____

Payment Information

Please read and sign our financial agreement. Does your health insurance cover chiropractic? Y / N

If you have insurance that may cover chiropractic services, please provide your current insurance card so that we may make a copy. Additionally, please enter the following information relating to the person who is responsible for the child's health insurance coverage.

Insured's name: _____ Date of Birth: _____ SS #: _____

Insurance company name: _____ Phone #: _____

Insurance company address to send claims: _____

Employer: _____ Group #: _____ Insured's ID #: _____

Consent to treat

Being the parent or legal guardian of this child, I hereby authorize this office and its doctors to examine and administer care to my son / daughter named, _____ as the examining / treating doctor deems necessary.

I understand and agree I am personally responsible for payment of all fees charged by this office for such care.

Parent's name: _____ Signature: _____

Date: _____ Witnessed by: _____

Developmental Milestones

Please indicate the most complex skill that your child can perform in each section

In each section, the tasks are arranged in order of increasing developmental age.

Gross Motor Skills

- Able to hold head up from the table momentarily
- Head and shoulder can be supported by the forearms
- Infant can be pulled up into a sitting position by the hands
- Sits unsupported in the upright position
- Head and shoulder can be supported by the arms
- Rolls from prone to supine position
- Crawls
- Stands holding onto furniture
- Walks with someone holding onto one hand
- Walks unassisted
- Runs
- Negotiates stairs placing 2 feet on each step
- Climbs stairs using one foot on each step
- Walks down stairs with one foot on each step
- Hops on one foot

Social Skills

- Smiles
- Reaches for familiar objects
- Plays with hands
- Plays with feet
- Clearly shows joy and pleasure
- Feeds self with fingers
- Plays peek-a-boo
- Understands yes and no

Fine Motor Skills

- Primitive grasp reflex present
- Holds and shakes a rattle placed in the hand
- Grasps objects independently
- Moves an object from one hand to the other
- Self-feeding, can hold and eat a cookie
- Checks objects by placing them in the mouth
- Picks up object with thumb and index finger
- Turns 2 to 3 pages of a book at a time
- Turns pages of a book one at a time
- Builds a tower containing at least 5 blocks
- Builds a tower containing at least 10 blocks

Communication skills

- Makes cooing sounds
- Laughs
- Uses one syllable words such as "da"
- Uses 2 syllable words such as "dada"
- Uses 2 to 3 word vocabulary
- Uses 2 to 3 word phrases

Adaptive skills

- Feeds from a cup unassisted
- Holds own bottle
- Feeds self with utensils
- Able to identify and match some colors
- Copies a circle
- Copies a cross