Pediatric New Patient Application
(Please Print)

casper chiropractic
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NEWBORN HISTORY

Birth to 2 Months

Today's Date: _____

Child's Name: _____ Sex: M / F Date of Birth: _____ Age: _____

The following questions are designed to help the doctor provide the best possible spinal care for the child.

How many hours does your baby sleep between foods? During day _____ At night _____

Yes	No	
☐	☐	Does your baby go to sleep easily? _____
☐	☐	Does baby have a preferred sleeping position? _____
☐	☐	Does baby cry if you change this sleeping position? _____
☐	☐	Does baby have any feeding difficulties? _____
☐	☐	Is baby being breast fed? If no, for how long was baby breast fed _____ weeks/months
☐	☐	Does baby have a one sided breast-feeding preference? Preferred breast Left / Right
☐	☐	Is baby formula fed? Which formula or other milk source? _____
☐	☐	Does baby frequently spit-up after feeding? _____
☐	☐	Does your baby cry a lot? For how many hours each day? _____
☐	☐	Does baby pass a lot of intestinal gas? _____
☐	☐	Does baby have a preferred head position? _____
☐	☐	Does baby frequently arch his/her head and neck backwards? _____
☐	☐	Does baby cry or become irritable during a diaper change? _____
☐	☐	Has baby ever had a fever? _____
☐	☐	Has baby had any falls? _____
☐	☐	Has baby been in a car accident or near-miss? _____
☐	☐	Has baby had any other trauma? _____
☐	☐	Has your baby been vaccinated? _____
☐	☐	Do you have any other concerns you wish to discuss? _____