casper chiropractic
Dr. Robyn Gotthoffer
1 Washington Blvd., Suite 6a, 2nd Fl.
Robbinsville, NJ 08691
(609) 301-7530

Pediatric New Patient Application
(Please Print)

Welcome to our Practice! Please thoroughly complete all questions. Thank you.

Today's Date_____

PATIENT INFORMATION:

Child's Name: _____ Nickname: _____

Reason for visit: _____

Sex: M / F Date of Birth: _____ Age: _____ Height: _____ Weight _____

Child's Home Address: _____

Child's Home Phone: _____

Who may we thank for referring you? _____

Pediatrician:_____ City:_____

FAMILY INFORMATION

Mother's Name: _____ Father's Name: _____

Home Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Cell Phone#: _____

Parent's Marital Status: Married ☐ Single ☐ Divorced ☐ Widowed ☐

List Ages of Other Children in Family: _____

Predominant language used at home: _____

PREGNANCY HISTORY

Mother's Name: _____ How many children do you have? _____

What was the term of your pregnancy? _____ weeks

Who was your prior doctor of chiropractic?_____

Was your prior chiropractic doctor present during delivery? Yes ☐ No ☐

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DURING YOUR PREGNANCY, DID YOU HAVE ANY OF THE FOLLOWING:

	Yes	No	
Falls	☐	☐	_____
Motor Vehicle Accidents	☐	☐	_____
Near-miss MVA	☐	☐	_____
High B.P.	☐	☐	_____
Diabetes	☐	☐	_____
Anemia	☐	☐	_____
Morning sickness	☐	☐	_____
Indigestion	☐	☐	_____
Seizures	☐	☐	_____
Swollen ankles	☐	☐	_____
Thyroid problems	☐	☐	_____
Heart problems	☐	☐	_____
Back pain	☐	☐	_____
Abnormal bleeding	☐	☐	_____
Were you hospitalized?	☐	☐	_____
Any other illnesses?	☐	☐	_____

DURING YOUR PREGNANCY, DID YOU USE ANY OF THE FOLLOWING:

	Yes	No	
Tobacco	☐	☐	_____
Alcohol	☐	☐	_____
Non-prescribed drugs	☐	☐	_____
Prescription Medications	☐	☐	Medication_____ Reason_____
Over-the-counter meds	☐	☐	Medication_____ Reason_____

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DEVELOPMENTAL MILESTONES

Today's Date: _____

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

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. Sitting position by the hand
- ☐ Sits unsupported in the upright position
- ☐ Head and shoulders 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 gasp reflex present
- ☐ Holds and shakes a rattle placed in the hand
- ☐ Grasps objects independently
- ☐ Moves an object from one hand to another
- ☐ Self-feeding, can hold and eat a cookie
- ☐ Checks objects by placing them in the mouth
- ☐ Picks up objects 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 s "da"
- ☐ Uses 2 syllable words such as "dada"
- ☐ Uses 2-3 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

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BIRTH HISTORY

LABOR AND DELIVERY

How long was the labor from the first regular contractions to the birth? _____ hours

How long was the second stage of labor (the pushing stage) of the labor? _____ hours

DURING YOUR PREGNANCY, DID YOU HAVE ANY OF THE FOLLOWING?

	Yes	No	
Hospital birth	☐	☐	_____
Home birth	☐	☐	_____
Midwife assisted	☐	☐	_____
Vaginal delivery	☐	☐	_____
Planned C-Section	☐	☐	_____
Emergency C-Section	☐	☐	_____
Was birth induced (Pitocin)	☐	☐	_____
Forceps delivery	☐	☐	_____
Vacuum extraction	☐	☐	_____
Anesthesia administered	☐	☐	_____
Fetal distress	☐	☐	_____
Meconium staining	☐	☐	_____
Head presentation	☐	☐	_____
Face presentation	☐	☐	_____
Breech presentation	☐	☐	_____

BABY'S CONDITION IMMEDIATELY AFTER BIRTH

Apgar Scores: At 1 minute: _____/10 At 5 minutes: _____/10

Baby's Crying: Baby cried immediately after birth _____

Cried Strongly _____ Weak Cry _____ Did Not Cry for _____ minutes

Baby's Color: Pink all over _____ Blue face _____ Blue Hands/Feet _____

Baby's Activity: Arms and legs actively moving _____ Floppy baby _____

Intensive Care: Was required _____ Days in Neonatal Intensive Care Unit _____

Medications given at birth? _____Vaccines administered? _____

Birth weight: _____lbs Birth length: _____in. Baby home on day _____