

Pediatric History Update (HPI)

Please inform staff of any insurance changes for you or your family.

Today's Date ___/___/___ Child's Name _____

Parent's Name(s) _____

Child's Date of Birth ___/___/___ Current Medications _____

Please help us keep our records current and fill out all the information below.

Address _____ Apt or Lot # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell # _____

E mail address (kept confidential) _____

Previous Chiropractic Care (Date of last adjustment) _____

Present history

Describe your child's symptoms or complaints today? _____

When did the symptoms begin? _____

The symptoms are Improving
 Staying the Same
 Getting Worse

Has your child has the same or similar symptoms before? _____ If so, when? _____

Has there been a recent fall, bump or other accident that you feel is related to this symptom? _____

Is so, please describe _____

Has your child been treated on an emergency basis for this condition? _____

Are there other symptoms or conditions that you are concerned about today? _____

I hereby authorize this office and it's doctor(s) to administer care as they deem necessary to my child/ward (upon approval of parent or guardian).

Signed: _____ Witnessed _____ Date _____

I realize that I am responsible for all fees charged by this office and agree to pay for these services.
X rays remain as property of this office.