Select Life
Life is full of choices, Select yours.

Name_____

Date of Birth _____/_____/_____

Infant/Child Assessment Form

Place of birth: ❍Home ❍Birthing Center ❍Hospital ❍Other, please list: _____

Type of Birth: ❍C-section ❍Vaginal

Was ultrasound used during pregnancy? ❍Yes ❍No If yes, how many times: _____

Was labor induced? ❍Yes ❍No If yes, why: _____

_____

Was Anesthesia used? ❍Yes ❍No Type(s) of Anesthesia use: _____

Was there any notable Doctor assisted birth trauma? ❍Twisting or Pulling ❍Vacuum Extraction ❍Forceps ❍Other:_____

_____

Were there any special medical procedures or tests performed? ❍Yes ❍No If yes, please list: _____

_____

Was the child breast fed? ❍Yes ❍No If yes, to what age: _____

According to the National Safety Council, over 50% of all infants fall from a place 4ft or higher during their first 2 years of life.

Can you recall ANY jolts, falls, or traumas to this child? ❍Yes ❍No If yes, please describe: _____

_____

Has this child experienced any fractures or dislocations? ❍Yes ❍No Please describe:_____

How would you rate your child's overall diet? ❍Poor ❍Somewhat Healthy ❍Healthy

Please mark any of the following conditions your child has experienced: ❍Colic ❍Irregular Sleeping Patterns ❍Nightmares ❍Seizures ❍Tantrums ❍Ear Infections ❍Allergies ❍Asthma ❍Headaches ❍Poor Digestion ❍Repeated Infections or Colds ❍Bed Wetting ❍Learning Disorders ❍Emotional Disorders ❍ADD or ADHD ❍Other: _____

_____

Please list all medications your child has been treated with since birth:_____

_____

Were you informed of any adverse reactions to any of the above listed medications? ❍Yes ❍No

Personal Information

Address: _____

City / State / Zip: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Mobile Phone: ( ) _____Email: _____

I hereby authorize the Doctors and Staff at Select Life to examine and treat my ❍Son ❍Daughter. Having carefully read the attached informed consent, I hereby give my informed consent to have chiropractic treatment administered.

_____ _____

Parent/Legal Guardian Signature: Date