

# Kiropraktik

Please fill in this form at the first consultation and answer it as well as you can. The answers are very important to us in order to give you the best treatment possible. If you are in doubt then skip the question. We will review the form at the consultation.

**Baby's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Baby's CPR:** \_\_\_\_\_

**Parents' names:** \_\_\_\_\_

**Parents' phone numbers:** \_\_\_\_\_

**Parents' e-mailsadress:** \_\_\_\_\_

**What is the reason for this consultation?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you been referred to the clinic?**  No  Yes

If yes, by whom?

Health visitor  Kid-physiotherapist  Facebook  Internet  
 Doctor  Zone therapist  Ergo therapist  Other: \_\_\_\_\_

**Which chiropractor have you been recommended to?**

Grethe Thøstesen  Thomas Damsgaard  
 John Sandsberg  Mathilde Christensen

Pregnancy:

**Has there been any complications or inconveniences with you/the mother or the baby during the pregnancy?**

No  
 Yes, which ones? \_\_\_\_\_

**Details about the birth can be important information in relations to joint related problems:**

Born I week:: \_\_\_\_\_ Weight: \_\_\_\_\_ Length: \_\_\_\_\_

**Was the birth without complications?**

Yes  No

If no, please put a cross:

Caesarean section  Stargazer  
 Cupping glass  Other: \_\_\_\_\_

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**Was the baby's head uneven the first days after the birth?**

Yes  No

**Duration of birth/ hours::\_\_\_\_\_ Pushing fase duration:\_\_\_\_\_ Number of siblings:\_\_\_\_\_**

The baby's 0<sup>th</sup>-6<sup>th</sup> months:

**How would you describe your baby's eating habits?:**  Good  Fair  Poor  Miserable

**How would you describe your baby's sleep?:**  Good  Fair  Poor  Miserable

**Stool frequency:** \_\_\_\_\_

**Did/ does your baby breastfeed?**  No  Yes - How long/ age? \_\_\_\_\_

**How long does breastfeeding take? \_\_\_\_\_ How long between breastfeedings? \_\_\_\_\_**

**Did/ does your baby get breastfed equally from right and left breast?**  No  Yes

**Did/ do you give your baby formula?**  No  Yes - From what age? \_\_\_\_\_

**Does your baby cry?**  Yes, a lot  Ja, a little  No

**Does the baby follow the normal growth curve?**  No  Yes

**Are you worried about the shape of your baby's head?**  No  Yes

**Does your baby follow the Board Of Health's vaccine program?**  No  Yes

- If yes. Has there been any reaction to the vaccines?  No  Yes

**Currently:**

**Did/ does your baby tending to bent the neck backwards?**  No  Yes

**(E.g. when sleeping or carried on the arm)**

**Did/does your baby have a favorite side?**  No  Yes  Right  Left

**Did/ does your baby's head tilt to one side?**  No  Yes  Right  Left

**Did/ does your baby lay in a C-shaped curve?**  No  Yes

**Other problems (please circle it in):**

Constipation

Diarrhea

Hyperactivity

Trouble getting/ keeping attention

Ear infection

Asthma

Allergies

Poor appetite

Weak immune system

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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Additional questions:

**Has your baby crawled?**    No    Yes, at what age? \_\_\_\_\_

**Has your baby walked?**    No    Yes, at what age? \_\_\_\_\_

**Has your baby been hospitalized?**    No    Yes, at what age and for what for?

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**Has your baby had any falls/ accidents worth mentioning?**    No    Yes

**Has your baby been given penicillin?**    No    Yes

- if yes, how many times? \_\_\_\_\_

**Has your baby been given prescription medicine?**    No    Yes

- if yes, what and/ or what for? \_\_\_\_\_

**Has your baby received other evaluation, examination, treatment or training?**

No    Yes, what? \_\_\_\_\_

**Do you have any allergies or other inheritable diseases?**

No    Yes, which? \_\_\_\_\_

**Are the other matters you wish the chiropractor to know about the baby and/or your family?**

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**Do you approve to correspondence/ exchange of information with other specialists (usually general practitioner)?**

No    Yes

**Do you wish to receive newsletter for the Chiropractic guide?**

No    Yes - to which e-mail? \_\_\_\_\_

When the form is complete please return it to the secretary. Thank you.