

# New Client Data

## Pregnancy, Birth, and Health Information

Rev 08-August-2016

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Referred By: \_\_\_\_\_

### Area(s) for Improvement/Concerns

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### Maternal Health- Your mother's health information when pregnant with you.

	Trimester	1	2	3
Extreme Stress	_____			
Extreme Nausea	_____			
Illness/Accident	_____			
Vaccine/Flu Shot	_____			
Placenta concerns	_____			
Other?	_____			

### Birth History- We like to know what kind of start you've had in life. These things do matter!

\_\_\_\_\_ IVF (In Vitro)                      \_\_\_\_\_ Preterm Birth (Weeks \_\_\_\_\_)                      \_\_\_\_\_ NICU (# of Days \_\_\_\_\_)  
\_\_\_\_\_ C-section                              \_\_\_\_\_ Breech    \_\_\_\_\_ Breathing Issues  
\_\_\_\_\_ Adopted                                  \_\_\_\_\_ Forceps    \_\_\_\_\_ Torticollis  
\_\_\_\_\_ Surrogate                                  \_\_\_\_\_ Umbilical Cord Issues                              \_\_\_\_\_ Club Foot  
\_\_\_\_\_ Twin/Multiple                              \_\_\_\_\_ Jaundice    \_\_\_\_\_ Hearing Concerns

### Infant Development- Stories or photos of these provide helpful clues for adult pains.

\_\_\_\_\_ Crawling: Delayed/ Unusual                      \_\_\_\_\_ Toe Walking    \_\_\_\_\_ Clumsy  
\_\_\_\_\_ Walking: Delayed/Early                      \_\_\_\_\_ W sitting    \_\_\_\_\_ Athletic  
\_\_\_\_\_ Unusual Shoes/Braces

### Behavior/Sensory- More interesting tidbits are merely clues for us. ☺

\_\_\_\_\_ Anxiety    \_\_\_\_\_ Sensory Seeking/Avoiding  
\_\_\_\_\_ ADD/ADHD    \_\_\_\_\_ Auditory Processing  
\_\_\_\_\_ Depression    \_\_\_\_\_ Speech Therapy  
\_\_\_\_\_ OCD or ODD    \_\_\_\_\_ Autism Spectrum

### Vision- A stable body supports vision. Visual challenges are significant clues.

\_\_\_\_\_ Corrective Lenses (\_\_\_Near, \_\_\_Far, Prescription: \_\_\_ Same in Both Eyes, \_\_\_ Left Stronger, \_\_\_ Right Stronger)  
\_\_\_\_\_ Vision Therapy (\_\_\_ Amblyopia, \_\_\_ Tracking, \_\_\_ Divergence/Convergence, \_\_\_ Other \_\_\_\_\_)  
\_\_\_\_\_ LASIK (When \_\_\_\_\_)  
\_\_\_\_\_ Eye surgery (Age \_\_\_\_\_, Cause \_\_\_\_\_)

### Teeth/Jaw

Orthodontia: Age, How many years, Expanders, Head Gear, Jaw Reconstruction  
Extractions, Crowns, Implants  
Jaw Pain, Bruxism/Teeth Grinding

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**Impactful Injuries:** Not necessarily needing medical attention, but stands out in memory. All ages and anywhere on the body including fingers and toes. Please describe how the injury happened.

General Injury: Age\_\_\_\_, Description\_\_\_\_\_

Sports Injury: Age\_\_\_\_, Sport\_\_\_\_\_, Description\_\_\_\_\_

Auto Accident: Age\_\_\_\_, Impact from \_\_rear-end, \_\_front, \_\_left Side, \_\_right side, \_\_passenger, \_\_driver

Falls: Age\_\_\_\_, Describe the fall \_\_\_\_\_

Head/Brain Injury Age\_\_\_\_, Description\_\_\_\_\_

**Fracture:** Age, Bone, Immobilized how? Immobilized how long?

**Surgery:** Age, Describe what and why, Post-Surgery Immobilization, Complications, IV's, Anesthesia. Include cosmetic procedures such as Lipo, Reduction, or Enhancement Surgery.

### General Health/History:

\_\_\_ Headaches (Age, Type, Intensity, Frequency) \_\_\_\_\_

\_\_\_ Sleep Issues Including \_\_\_\_\_

\_\_\_ Respiratory Conditions (Pneumonia, Bronchitis, Asthma, COPD) \_\_\_\_\_

\_\_\_ Cardiovascular (A-Fib, MVP, Pacemaker, BP, Cholesterol) \_\_\_\_\_

\_\_\_ Digestive Conditions (Reflux, Ulcers, IBS, Crohn's, Celiac) \_\_\_\_\_

\_\_\_ Diabetes \_\_\_\_\_

\_\_\_ Kidney/Gallbladder/Liver \_\_\_\_\_

\_\_\_ Autoimmune \_\_\_\_\_

\_\_\_ Cancer (Which kind, Age, Radiation, Chemo, Surgery) \_\_\_\_\_

\_\_\_ Neurological Condition (Age, Type, Treatment) \_\_\_\_\_

\_\_\_ Cosmetic Procedures (Botox, Lipo, Lift/Ruduction/Tuck, etc.) \_\_\_\_\_