

New Client Data

Pregnancy, Birth, and Health Information

Rev 08-August-2016

Client Name: _____ DOB: _____ Referred By: _____

Area(s) for Improvement/Concerns

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.) _____