



GILL FAMILY  
Chiropractic LLC

# CHILD HEALTH HISTORY FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ALLERGIES:** Check all that apply

\_\_\_ Eggs      \_\_\_ Fish & Shellfish      \_\_\_ Milk or Lactose      \_\_\_ Peanuts  
\_\_\_ Soy      \_\_\_ Sugar      \_\_\_ Wheat/Gluten      Other \_\_\_\_\_

**RECREATIONAL ACTIVITIES:** Check all that apply

\_\_\_ Golf      \_\_\_ Basketball      \_\_\_ Baseball      \_\_\_ Skiing      \_\_\_ Tennis      \_\_\_ Bike  
\_\_\_ Weights      \_\_\_ Volleyball      \_\_\_ Gymnastics      \_\_\_ Soccer      \_\_\_ Cross Country  
\_\_\_ Football      \_\_\_ Swimming      \_\_\_ Track      \_\_\_ Running      \_\_\_ Video Games  
\_\_\_ Dance      \_\_\_ Cheerleading      \_\_\_ Wrestling      Other: \_\_\_\_\_

**MEDICATIONS & SUPPLEMENTS:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PREGNANCY, BIRTH & CHILDHOOD:** Please describe as detailed as possible.

Type of Delivery: Vaginal \_\_\_\_\_ C-Section: \_\_\_\_\_ Forceps: \_\_\_\_\_ Vacuum: \_\_\_\_\_

Difficulties during pregnancy: \_\_\_\_\_

Difficulties & length of labor/delivery: \_\_\_\_\_

Apgar Score: \_\_\_\_\_ Jaundice(yellow): \_\_\_\_\_ Cyanosis (blue): \_\_\_\_\_

Infant feeding: Breast \_\_\_\_\_ Formula: \_\_\_\_\_ # of hrs. of sleep per night: \_\_\_\_\_

Concerns with milestones: \_\_\_\_\_

Immunization History: \_\_\_\_\_

Vaccine Recations: \_\_\_\_\_

Childhood illnesses: \_\_\_\_\_

Falls & broken bones: \_\_\_\_\_

Hospitalizations & surgeries: \_\_\_\_\_