



ROZENHART
FAMILY CHIROPRACTIC

Children's Health Record

About the Child:

Name: _____ Home Phone: _____
Birth date: _____ Age: _____ Height: _____ Weight: _____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent's Name: _____
Parent's Employer: _____
Parent's Work Phone #: _____
Parent's Email: _____

Reason for this visit:

Describe the purpose of this visit:

Is the purpose of this appointment related to:

() Sports () Auto () Fall () Home Injury () Chronic Discomfort
() Other - Explain: _____

When did this condition begin? _____

Has this condition: () Gotten Worse () Stayed Constant () Comes and Goes

Does this condition interfere with: () Sleep () Daily Routine () Other Activities

Has this condition occurred before? () Yes () No Explain: _____

Have you ever seen other doctors for this condition? () Yes () No

Dr.'s Name: _____

Type of Treatment: _____

Results: _____

Mother's Pregnancy and Labor:

During Pregnancy did the mother:

...take any medication? () Yes () No Explain: _____

...smoke or consume alcohol? () Yes () No Explain: _____

...experience any illness? () Yes () No Explain: _____

Approximately how long did labor last? _____ Hours

Was labor chemically induced? () Yes () No Was labor doctor- assisted? () Yes () No
Was a c-section performed? () Yes () No Were forceps or vacuum used? () Yes () No
Did the doctor pull or twist the baby during delivery? () Yes () No
Was the delivery premature? () Yes () No If yes, at _____ month and _____ weight

Circle any of the following if the child experienced it immediately after birth:

Jaundice Feeding Problems Displaced or Broken Bones

Other: _____

Child's Health History:

Please circle each of the diseases or conditions that the child has had, now or in the past. While they may seem unrelated to the purpose of this visit, they can affect the overall diagnosis.

Vision Problems Pink Eye Headaches Sleeping Problems
Tubes in Ears Irritability Attention Problems Skin Problems
Frequent Colds Allergies Breathing Problems Digestive Problems
Hyperactivity Constipation Bed Wetting Asthma
Ear Problems Colic Other: Explain _____

Child's Current Health Status:

Is your child accident prone? () Yes () No
Has your child ever been hospitalized? () Yes () No Had a severe fall? () Yes () No
Been in a car accident? () Yes () No
Has your child ever taken antibiotics? () Yes () No
If yes, explain: _____
Is your child currently taking any medication? () Yes () No
If yes, explain: _____
Does your child have difficulty interacting with schoolmates or friends? () Yes () No
Have you or anyone else noticed that your child is nervous, twitches, shakes or exhibits rocking behavior?
() Yes () No
What changes, if any, in your child's health or behavior would you like accomplished?

Goals for My Child's Care:

Children see a chiropractor for a variety of reasons. Some go for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their bodies. Your Doctor will weigh

your needs and desires when recommending your child's Chiropractic care program. Please check the type of care desired so that we may be guided by your wishes whenever possible.

- Relief Care - Symptomatic relief of pain or discomfort
- Corrective Care - Correcting and relieving the cause of the problem as well as the symptoms
- Comprehensive Care - Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic care
- I want the Doctor to select the type of care appropriate for my child

Vaccinations:

Have you chosen to vaccinate your child? Yes No

If yes, check all the vaccinations your child has received.

DPT MMR Polio Chicken Pox Hepatitis Other _____

Describe any and all reactions to vaccines _____

Authorization to care for a Minor Child:

I hereby authorize the Doctors in this Chiropractic Office, and whomever they may designate as their assistants to administer Chiropractic Care, to work with my child (name) _____ through the use of adjustments and procedures to the spine, as the Doctor deems appropriate.

I clearly understand and agree that all services rendered are charged directly to me and that I am personally responsible for payment. I agree that I am responsible for all bills incurred at this office. The Doctor will not be held responsible for any pre-existing medically diagnosed conditions nor for any medical diagnosis. I also understand that if my child's care is suspended or terminated, any fees for professional services rendered will become immediately due and payable.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and policy holder. I understand that Rozenhart Family Chiropractic will prepare any necessary reports and forms to assist me in collecting from the insurance company and that any amount authorized to be paid directly to Rozenhart Family Chiropractic will be credited to my account upon receipt. I hereby authorize assignment of insurance rights and benefits (if applicable) directly to the provider for services rendered to my child.

Child's Name

Date

Parent / Legal Guardian's Name

Parent / Legal Guardian's Signature

THE MASTER HEMISPHERIC CHECKLIST

CHARACTERISTICS OF A RIGHT BRAIN DELAY

MOTOR CHARACTERISTICS:

- Clumsiness; odd posture.
- Poor coordination.
- Not athletically inclined; has no interest in popular childhood participation sports.
- Low muscle tone-muscles seem kind of floppy.
- Poor gross motor skills, such as difficulty learning to ride a bike and/or runs and/or walks oddly.
- Repetitive stereotyped motor mannerisms (spins in circles, flaps arms).
- Fidgets excessively.
- Poor eye contact.
- Tends to walk on toes or walked on toes when younger.

Total _____

SENSORY CHARACTERISTICS

- Poor spatial orientation-bumps into things often.
- Sensitivity to sound.
- Confusion when asked to point to different body parts.
- Poor sense of balance.
- High threshold for pain-for example, doesn't cry when gets a cut.
- Likes motion-spinning, swinging, going on rides.
- Touches things compulsively.
- Disinterested in makeup or jewelry (girl only).
- Does not like touching things or being touched.
- Incessantly smells everything.
- Prefers bland foods.
- Does not notice strong smells, such as burning wood, popcorn, or freshly baked cookies.
- Avoids food because of the way it looks.
- Hates to eat and is not even interested in sweets.
- Extremely picky eater.

Total _____

EMOTIONAL CHARACTERISTICS

- Spontaneously cries and/or laughs and has sudden outbursts of anger or fear.
- Worries a lot and has several phobias.

- Holds on to past hurts.
- Has sudden emotional outbursts that appear overreactive and inappropriate to a situation.
- Experiences panic and/or anxiety attacks.
- Sometimes displays dark or violent thoughts.
- Doesn't exhibit much body language, such as lack of facial expression.
- Too uptight; cannot seem to loosen up.
- Lacks empathy and feelings for others.
- Lacks emotional reciprocity.
- Often seems fearless and is a risk taker.

Total_____

BEHAVIORAL CHARACTERISTICS

- Thinks logically.
- Often misses the gist of a story.
- Usually the last to get a joke.
- Gets stuck in set behavior; can't let go.
- Lacks social tact and /or is antisocial and/or socially isolated.
- Poor time management skills; is always late.
- Disorganized.
- Has a problem paying attention.
- Is hyperactive and/or impulsive.
- Has obsessive thoughts or behaviors.
- Argues all the time and is generally uncooperative.
- Exhibits signs of an eating disorder.
- Failed to thrive as an infant, such as low birth weight or struggling to breast-feed.
- Mimics sounds or words repeatedly without really understanding the meaning, a disorder called echolalia.
- Appears bored, aloof, and abrupt.
- Considered strange by other children.
- Inability to form friendships.
- Has difficulty sharing enjoyment, interests, or achievements with other people.
- Acts inappropriately giddy or silly.
- Acts inappropriately in social situations.
- Talks incessantly and asks repetitive questions.
- Has no or little joint attention, such as the need to point to an object to get your attention.
- Avoids looking in the mirror/didn't recognize self in the mirror or in pictures as a toddler.

Total_____

ACADEMIC CHARACTERISTICS

- Understands math operations but has poor math reasoning skills.
- Poor reading comprehension and logic skills.
- Misses the big picture—only sees the parts instead of the big picture.
- Very analytical.
- Has poor pragmatic skills.
- Very good at finding mistakes, especially spelling errors.
- Takes things literally.
- Doesn't always reach a conclusion when speaking.
- Started speaking early.
- Has tested for a high IQ but scores run the whole spectrum or IQ is above normal in verbal ability and below average in performance abilities.
- Was an early word reader.
- Is interested in unusual topics.
- Learns in a rote (memorizing) manner.
- Learns extraordinary amounts of specific facts about a subject.
- Is impatient.
- Speaks in a monotone; has little voice inflection.
- Is a poor nonverbal communicator; doesn't use expression when speaking.
- Doesn't like loud noises, such as fireworks.
- Speaks out regarding what he or she is thinking.
- Talks in your face—is a space invader.
- Good reader but does not enjoy reading.
- Thinks analytically—is led by logic.
- Follows rules without questioning them.
- Is good at keeping track of time.
- Easily memorizes spelling and facts and figures.
- Enjoys observing rather than participating.
- Can't figure out something new without being shown how to do it or reading an instruction manual.
- Math was the first academic subject that became a problem.

Total _____

COMMON IMMUNE SYSTEM CHARACTERISTICS

- Has lots of allergies.
- Rarely gets colds and infections.
- Has had or has eczema or asthma.
- Skin has little white bumps, especially on the back of the arms.
- Displays erratic behavior—good one day, bad the next.

- Craves certain foods, especially dairy and wheat products.

Total _____

COMMON AUTONOMIC NERVOUS SYSTEM CHARACTERISTICS

- Has bowel problems, such as chronic constipation or diarrhea.
- Has a rapid heart rate and/or high blood pressure for age.
- Appears bloated, especially after meals, and often complains of stomach pains.
- Has body odor.
- Sweats a lot.
- Hands are always moist and clammy.

Total _____

SCORE:

Add the seven scores together and enter the total here: _____

CHARACTERISTICS OF A LEFT BRAIN DELAY

MOTOR CHARACTERISTICS

- Good muscle tone.
- Poor or slow handwriting (fine motor functions).
- Difficulty with fine motor skills (called dyspraxia), such as buttoning a shirt.
- Poor or immature hand grip when writing.
- Tends to write very large for age or grade level.
- Stumbles over words when fatigued.
- Exhibits delay in crawling, standing, and/or walking.
- Loves sports and is good at them.
- Poor drawing skills.
- Difficulty learning to play music.
- Likes to fix things with the hands and is interested in anything mechanical.
- Difficulty planning and coordinating body movements.

Total: _____

SENSORY CHARACTERISTICS

- Does not seem to have many sensory sensitivities, such as to sound, touch, or smell.
- Good sense of own body and awareness of body in space.
- Good sense of balance.
- Eats just about anything.
- Is not a picky eater.

- Likes to be hugged and held.
- Does not have any oddities concerning clothes.
- Has auditory processing problems (such as problems with phonics).
- Seems not to hear well, although hearing tests are normal.
- Had ear infections and was delayed in speaking.
- Has a tendency toward motion sickness.
- Is not undersensitive or oversensitive to pain.

Total _____

EMOTIONAL CHARACTERISTICS

- Overly happy and affectionate; loves to hug and kiss.
- Frequently moody and irritable.
- Loves doing new or different things but gets bored easily.
- Lacks motivation.
- Withdrawn and shy.
- Excessively cautious, pessimistic, or negative.
- Doesn't seem to get any pleasure out of life.
- Doesn't like to socialize.
- Cries easily; feelings get hurt easily.
- Seems to be in touch with own feelings.
- Empathetic to other people's feelings; reads people's emotions well.
- Gets embarrassed easily.
- Very sensitive to what others think about him or her.

Total _____

BEHAVIOR CHARACTERISTICS

- Procrastinates
- Is extremely shy, especially around strangers.
- Is very good at nonverbal communication—expresses body language and reads body language well.
- Is well liked by other children and teachers.
- Is well behaved in school.
- Understands social rules.
- Poor self-esteem.
- Hates doing homework.
- Is very good at social interaction.
- Makes good eye contact.
- Likes to be around people and enjoys social activities, such as going to parties.

- Doesn't like to go to sleep-overs.
- Is not good at following routine.
- Cannot follow multiple-step directions or answer multiple-step questions.
- Is in touch with own feelings.
- Jumps to conclusions.

Total _____

ACADEMIC CHARACTERISTICS

- Very good at big-picture skills.
- Is an intuitive thinker led by feelings.
- Good at abstract thought-free association.
- Has poor analytical (logic) skills.
- Is very visual; loves images and patterns.
- Constantly questions why you're doing something or why rules exist.
- Has poor sense of time.
- Enjoys touching and feeling objects.
- Has trouble prioritizing.
- Is unlikely to read instruction manual before trying something new.
- Is naturally creative, but needs to work hard to develop full potential.
- Would rather do things instead of observe.
- Uses good voice inflection when speaking.
- Misreads or omits common small words.
- Reads laboriously and too slow.
- Had difficulty naming colors, objects, and letters as a toddler.
- Needs to hear or see concepts many times to learn them.
- Has shown a downward trend in achievement test scores or school performance.
- Schoolwork is inconsistent.
- Was a late talker.
- Has difficulty pronouncing words—poor with phonics.
- Had difficulty learning the alphabet, nursery rhymes, or songs when young.
- Has difficulty finishing homework or finishing conversation.
- Acts before thinking and makes careless mistakes.
- Daydreams a lot.
- Has difficulty sequencing events in the proper order.
- Often writes letters backwards.
- Is poor at basic math skills.
- Has poor memorization skills.
- Overall, has poor academic ability.
- Has an IQ lower than expected and verbal scores are lower than nonverbal scores.

- Performs poorly on verbal test.
- Needs to be told things several times before they understand.
- Stutters or stuttered when younger.
- Is a poor speller.
- Doesn't read directions well.

Total _____

COMMON IMMUNE SYSTEM CHARACTERISTICS

- Gets chronic ear infections.
- Prone to benign tumors or cysts.
- Had taken antibiotics more than ten or fifteen times before the age of ten.
- Has had tubes put in ears or the doctor recommended them.
- Catches colds frequently.
- Has no allergies.

Total _____

COMMON AUTONOMIC NERVOUS SYSTEM CHARACTERISTICS

- Has a bed-wetting problem.
- Has or had an irregular heartbeat, such as an arrhythmia or heart murmur.

Total _____

SCORE: Add the seven scores together and enter the total here: _____