



momentum
chiropratique

Pediatric form



*Dear parents,
Choosing to have a chiropractor evaluate your child's health is an important step to take!
Congratulations! In order to best meet your child's needs, it is necessary for us to learn about different aspects of your child's life.*

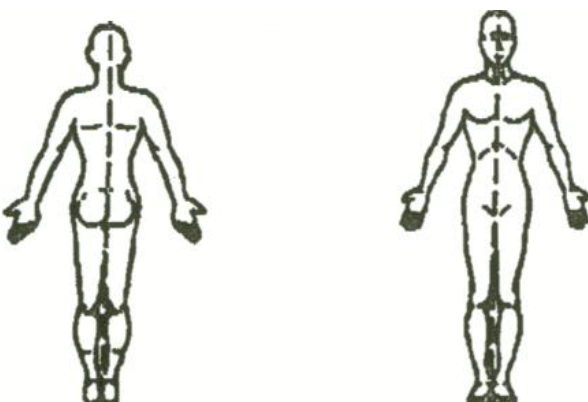
Personal informations

Last name :	_____	First name :	_____				
Birth date :	_____	Age :	_____	Sexe : F	_____	M	_____
Parent's name :	_____						
Contact person :	_____						
Tel. (res) :	_____	Tel.(work) :	_____				
Mobile :	_____	Email :	_____				
Adresse :	_____						

Reference: How did you hear about Momentum Chiropratique?

Health professional (Name) :	_____
Patient at the clinic (Name) :	_____
Google	_____
Internet / Web site: www.momentumchiropratique.com	_____

Reason for consultation:

I consult for prevention, I have no symptoms	
I suffer from: _____	
Sensations (If applicable) :	
1- Burning	4- Needles
2- Stabbing	5- Stiffness
3- Tingling/Numbness	6- Other: _____
	
Please identify with an "X" on the following line the intensity of your pain.	

No pain	Extreme pain



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Chiropractic is a global and natural health science that considers all aspects of your health. The benefits of chiropractic are related to all the systems of your body and a problem to your nervous system may be detected through many symptoms. It is therefore important for us to know your actual state of health in order to offer you the most positive experience with chiropractic care.

Please indicate the symptoms that you can relate to your child's condition: : Occasional (O) ; Frequent (F) ; Constant (C)

O F C

Respiratory system

Asthma
Dry cough
Productive cough
Shortness of breath
Difficulty breathing
Wheezing

Cardio-vascular system

Hypertension
Palpitations
Chest pain
Angina
Heart murmur
Swelling of arms or legs
Cold feet or hands

Digestive system

Stomach burn
Constipation
Diarrhea
Cramps
Gas
Blood in stools
Heart burn

Nervous system

Numbness/tingling
Trembling
Anxiety
Insomnia
Attention deficit/Concentration
Motricity problems
Communication / language problems
Social skills problems

O F C

Urinary system

Difficulty urinating
Pain at urination
Urinary infections
Blood in urine
Frequent urination
Incontinence
Enuresia

Ear, eye and nose

Blurred vision
Loss of vision
Tearing
Redness in the eyes
Dryness in the eyes
Runny nose
Nose bleed
Change of smell
Nasal congestion
Otitis, ear ache
Loss of hearing
Buzzing/shistling in the ears
Full ear sensation
Taste changing
Difficulty swallowing
Sore throat

Skin

Redness
Dryness
Itching
Excessive sweating

