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Welcome to our office! It is well known that families who maintain strong, healthy, well-aligned spines live a much healthier life. People whose spines are not healthy and kept in proper alignment are much more likely to develop serious health challenges later in life.

MINOR NEW PATIENT INTAKE

Name: _____ Today's Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Patient Birth Date: ___/___/___ Patient Age: _____ Social Security Number: _____ - _____ - _____
Guardian Information: _____
Relationship to Patient: _____ Telephone: _____ Circle: Home Cell
Email address: _____
Address Same as Patient? Y / N _____

HEALTH QUESTIONNAIRE

1. Most patients are referred to our office by a caring family member or friend. Who can we thank for referring you?

2. Has your child ever received chiropractic care? _____
3. Was your child born by C-section, forceps, suction cup, or other device? If yes, please explain: _____
4. How long was labor and/or delivery time? _____
5. Have you ever been told that your child has a spinal curvature, arthritis, or inherited spinal problem? If yes, please explain:

6. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your child's posture?
Poor – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 – Excellent
7. Did your child have early health challenges such as colic or frequent ear infections? If yes, please explain: _____
8. Does your child suffer from any of the following: (Please Circle)
Allergies Sinus problems Bed wetting Attention deficit disorder
9. Does your child have other health problems that concern you?

10. What medications is your child currently taking, if any?

11. Is this injury related to a car accident? _____

The above information is true and accurate to the best of my knowledge.

Guardian Signature: _____ Date: _____