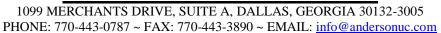
ANDERSON UPPER CERVICAL





Pediatric Information (Child age 10 & younger)

Patient's Name:		DOB	Sex:MF
Reason for today's visit:			
Age: Birth Weight:		rth Length: Current Length:	ngth: # of Siblings:
PARENTAL CONTACT INFO	ORMATION:		
Mother's Name:	_	Father's Name	
Address:		City:	State:
9 digit Zip:	Home Ph#::		
Contact Cell #:		Mothers' Fathers'	
Contact Email to use:			Mothers' Fathers'
Preferred Appt Reminder Met	hod: Text to cell # ab	ove Email 1 Phone	e Call to cell # above NONE
Obstetrician/Midwife:			
Name	Location	Phone #	Date of Last Visit
Pediatrician/Family MD:			
Name	Location	Phone #	Date of Last Visit
Congenital Anomalies/Defects o	f the Child:		
Family History of Congenital Ar	nomalies/Defects:		
Type of Birth (circle all that appl	y): Vaginal Forceps	Suction Breech Cesa	rean Cord around neck

ANDERSON UPPER CERVICAL
1099 MERCHANTS DRIVE, SUITE A, DALLAS, GEORGIA 30132-3005
PHONE: 770-443-0787 ~ FAX: 770-443-3890 ~ EMAIL: info@andersonuc.com

CS#		

APGAR Scores:	Was there	presence at birth of:Jaund	lice (yell	low)	Cyanosis (blue)
Infant Feeding: # of M	Ionths Breastfed:	# of Months Bottlefed Brea	ıst milk (only:	
# of Months Bottlefed	Formula:	Brand(s):			
Number of hours of sle	eep per night:	Quality of sleep (circle):	Good	Fair	Poor
Immunization History:					
	ry: At what age did the c			Hal	d bood
Respond to soun	dSit unaided	Follow an object with	n eyes		d head up
Walk unaided Childhood Diseases & Chicken Pox	-	es Rubella W	/hooping	Sponsor	
Walk unaided Childhood Diseases & Chicken Pox Other:	k indicate age child was	diagnosed with: es Rubella W	/hoopinş	<u> </u>	
Walk unaided Childhood Diseases & Chicken Pox Other:	k indicate age child was of Mumps Measle	diagnosed with: es Rubella W		<u> </u>	
Walk unaided Childhood Diseases & Chicken Pox Other: Has this child ever su	windicate age child was of Mumps Measle	diagnosed with: es Rubella W hat apply)	I	g Cough	
Walk unaided Childhood Diseases & Chicken Pox Other: Has this child ever su Anemia	ffered from: (Check all to Behavioral issues	hat apply) Heart trouble	I	g Cough	
Walk unaided Childhood Diseases & Chicken Pox Other: Has this child ever su	Mumps Measle ffered from: (Check all t Behavioral issues Chronic earaches	hat apply) Heart trouble Hypertension	I	g Cough Poor appetite Paralysis	rnias
Walk unaided Childhood Diseases & Chicken Pox Other: Has this child ever su	ffered from: (Check all to Behavioral issues Chronic earaches Constipation	hat apply) Heart trouble Hypertension Headaches / Migraines Hyperactivity Joint problems	I I I I I I I I I I I I I I I I I I I	g Cough Poor appetite Paralysis Ruptures/He	rnias
Childhood Diseases & Chicken Pox Other: Has this child ever su	ffered from: (Check all to Behavioral issues Chronic earaches Constipation Convulsions	hat apply) Heart trouble Hypertension Headaches / Migraines Hyperactivity Joint problems Leg problems		Poor appetite Paralysis Ruptures/He Sinus trouble Fuberculosis Walking pro	rnias e s blems
Walk unaided Childhood Diseases & Chicken Pox Other: Has this child ever su	ffered from: (Check all to Behavioral issues Chronic earaches Constipation Convulsions Diabetes	hat apply) Heart trouble Hypertension Headaches / Migraines Hyperactivity Joint problems		Poor appetite Paralysis Ruptures/He Sinus trouble	rnias e s blems
Childhood Diseases & Chicken Pox Other: Has this child ever su	ffered from: (Check all to Behavioral issues Chronic earaches Constipation Convulsions Diabetes Dizziness Digestive	hat apply) Heart trouble Hypertension Headaches / Migraines Hyperactivity Joint problems Leg problems		Poor appetite Paralysis Ruptures/He Sinus trouble Fuberculosis Walking pro	rnias e s blems

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CC#	
U3# _	

Medications:			
Family History:			
ASSIGNMENT & RELEASE:	AUTHORIZATIO	N FOR CARE O	F A MINOR
Upper Cervical examination and Chiropractic caexperiencing complications are small, it is the p and detox possibilities include, but are not limit symptoms.	practice of this office to inform	m our patients about the	em. These complications
I have read and understand the above statements guarantee or warranty for a specific cure or resu		mptoms. I also underst	tand that there is no
I HEREBY AUTHORIZE ANDERSON UPPE THEY DEEM NECESSARY FOR MY CHILD		OCTOR(S) TO ADM	INISTER CARE AS
	/_		/
PARENT / GUARDIAN SIGNATURE	RELATIONSHIP	TO PATIENT	DATE
Financial Responsibility: Ultimately, a in submitting services to your insurance compar delinquent (i.e. no payment has been made for 3 to collections.	ny (ies) and/or attorney when	applicable. However,	, if your account becomes
PARENT / GUARDIAN SIGNATURE	/		/