



Dr. Heidi Wroebel, DC

### Child's Intake Health Profile

Name of Child \_\_\_\_\_  
Birth date \_\_\_\_\_ AGE \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_ M/F  
Names & ages of siblings \_\_\_\_\_  
Names of parents \_\_\_\_\_ Contact # of parent \_\_\_\_\_  
Whom may we thank for referring you to us? \_\_\_\_\_

1. Please list any concerns you have about your child's physical, mental, &/ emotional health:

\_\_\_\_\_  
\_\_\_\_\_

**Check the following concern(s) if they apply to your child (past and present):**

- Asthma Allergies ADD/ADHD Ear Infections Scoliosis Chronic Colds  
Colic Bed Wetting Seizures Temper Tantrums Growing/Back pains  
Recurring Fevers Digestive Problems Headaches Car Accidents  
Sports Accidents Sad/Depressed Social Interaction Difficulty  
Behavioral Problems Overweight Teeth Grinding Sleep Problems  
Other \_\_\_\_\_

2. What do you hope your child will receive from the care provided at this office?

\_\_\_\_\_

**\*Please fill the following questions out about your pregnancy\***

**Check all of the consumed products during pregnancy:**

- Alcohol Coffee/caffeine Cigarettes Prescription drugs Antibiotics Recreational drugs  
Supplements \_\_\_\_\_ Alternative healthcare \_\_\_\_\_

**Check all of the following statements (& briefly describe) that apply to your pregnancy:**

- I underwent emotional stress during the pregnancy: \_\_\_\_\_  
 I was exposed to toxic substances \_\_\_\_\_  
 I was placed on bed rest \_\_\_\_\_  
 I was hospitalized for \_\_\_\_\_  
 There were complications during the pregnancy \_\_\_\_\_  
 My relationship with the father was unstable/stressful \_\_\_\_\_  
 I was sad/depressed during my pregnancy \_\_\_\_\_  
 I was not planning to get pregnant \_\_\_\_\_  
 I underwent a physically stressful event (ie car accident, abuse, fall, etc.) \_\_\_\_\_

\_\_\_\_\_

**Check the descriptions that apply to the birth process and/or describe:**

- Hospital birth Vacuum/Forceps Epidural drug-induced  
At home/birthing center used mid-wife/natural birth coach  
The baby was \_\_\_\_\_ days/weeks late/early.

- There were complications during the birth \_\_\_\_\_
- The birth process was prolonged \_\_\_\_\_
- The baby did not come home from the hospital with me: \_\_\_\_\_
- I did not have a chance to bond with/hold my baby after the birth because: \_\_\_\_\_

- I did not breast feed after the birth \_\_\_\_\_
- I breast fed/bottle fed or a combo of the two \_\_\_\_\_
- I used formula/milk alternative (state type) \_\_\_\_\_

3. Did/has your child developed "normally" (physically/mentally/emotionally)?

4. Did/has your child had to visit the doctor regularly for any reason?

5. Did/has your child undergone any major illness or major traumatic physical/emotional event?

6. Have you moved since your child was born?

7. Have you gone through any relationship changes?

8. Has there been any other major changes/stresses in your child's life?

**9. Describe your child's diet:**

How many meals per day: \_\_\_\_ How many snacks & what? \_\_\_\_\_

Daily vegetables \_\_\_\_\_ Daily fruits \_\_\_\_\_ Daily protein \_\_\_\_\_ Daily grains \_\_\_\_\_

Sodas \_\_\_\_\_ Juices \_\_\_\_\_ Sugary drinks/snacks \_\_\_\_\_ Desserts \_\_\_\_\_

List any supplements/vitamins/homeopathics: \_\_\_\_\_

10. Has/is your child on any medications/ over the counter medications?

11. Did you vaccinate your child, and if so- which ones?

12. Is he/she allergic to anything- for how long?

13. How many hours a day/week does your child watch tv and/or spend time on the computer/video games?

14. Briefly describe your child's playtime (outdoors, sports, art, reading, etc.)

15. What does your child love to do?

16. Please use this space to write anything else that you'd like to share

**Authorization For Care of a Minor**

I hereby authorize Dr. Heidi Dudley Wroebel, DC to administer Chiropractic care to my son/daughter as she deems necessary. I clearly understand and agree that I am personally responsible for payment of all fees charged by this office.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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