



S69 W15689 Janesville Rd., Muskego, WI 53150  
(414) 422-1203-www.muskegochiropractor.com

### SCHOOL - AGE CHILD HISTORY

6 years and Older

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Reason for Today's Visit: \_\_\_\_\_

When did this problem first occur? \_\_\_\_\_

Yes No

Have you ever had this problem before? \_\_\_\_\_

Have you previously been treated for this problem? Doctor's name \_\_\_\_\_

Have you previously been to a chiropractor? When? \_\_\_\_\_

#### ABOUT YOUR HEALTH

In the past year have you had any of the following:

Yes No

Back or neck pain? \_\_\_\_\_

Pains in the legs or arms? \_\_\_\_\_

Headaches? \_\_\_\_\_

Asthma? \_\_\_\_\_

Allergies? \_\_\_\_\_

Earaches? \_\_\_\_\_

Falls from a bicycle, skateboard, scooter, rollerblades or similar? \_\_\_\_\_

Do you ever have a problem with bedwetting? \_\_\_\_\_

Have you ever been in a motor vehicle accident? \_\_\_\_\_

Have you ever had any broken bones? \_\_\_\_\_

Have you ever had any surgeries? \_\_\_\_\_

Are you at present taking any medications? \_\_\_\_\_

Do you have any other health problems? \_\_\_\_\_

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



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### ABOUT YOUR LIFESTYLE

What grade are you in at school? \_\_\_\_\_

How do you carry your school books? \_\_\_\_\_

How heavy is your school book bag? \_\_\_\_\_

What sports do you play? \_\_\_\_\_

What hobbies do you have? \_\_\_\_\_

How many hours each day do you watch TV? \_\_\_\_\_

How many hours each day do you spend using a computer? \_\_\_\_\_

How often do you play video games? \_\_\_\_\_

On average, how many hours sleep do you get each night? \_\_\_\_\_

Are there any smokers in your family? \_\_\_\_\_

Do you feel stressed out? \_\_\_\_\_

Do you have trouble reading the board in class? \_\_\_\_\_

Do you ever have blurred vision? \_\_\_\_\_

Do you wear glasses or contact lenses? \_\_\_\_\_

Do you sometimes get headaches when you read? \_\_\_\_\_

### ABOUT YOUR DIET

What do you usually eat for Breakfast? \_\_\_\_\_

\_\_\_\_\_

What do you usually eat for Lunch? \_\_\_\_\_

\_\_\_\_\_

What do you usually eat for Dinner? \_\_\_\_\_

\_\_\_\_\_

What snacks do you have after school? \_\_\_\_\_

What is your favorite food? \_\_\_\_\_

How much water do you drink each day? \_\_\_\_\_

How many sodas or colas do you drink each day?

How often do you eat fast food items? \_\_\_\_\_