



# FREMANTLE OSTEOPATHIC CLINIC

## CHILD PATIENT INFORMATION AND HISTORY FORM

PRIVATE & CONFIDENTIAL

OFFICE USE

INFORMED CONSENT DATE :

NAME

PARENTS NAME/S

ADDRESS

MOBILE/PHONE

DATE OF BIRTH

OCCUPATION

LEISURE ACTIVITIES

CONCESSION

 YES  NO

HEALTH INSURANCE?

 YES  NO

DOCTOR (GP)

EMAIL(OPTIONAL)

HOW DID YOU FIND US?

MAIN REASON FOR COMING

ACCIDENTS / INJURIES/ BROKEN BONES / CONCUSSION

SURGERY/HOSPITALIZATION + WHEN

PREGNANCY HEALTH ISSUES?

 YES  NO

BIRTH

BORN@

WKS AFTER

HRS LABOUR

VAGINAL / CAESARIAN

INDUCED / EPIDURAL / SUCTION / FORCEPS / EPISIOTOMY / TRAUMA

MEDICATIONS & SUPPLEMENTS

OTHER HEALTH ISSUES (CURRENT AND PAST) PLEASE TICK + BRIEF DESCRIPTION

- UNSETTLED / IRRITABLE
- HEADACHES / MIGRANE / SINUSES
- SLEEP
- FEEDING / SWALLOWING PROBLEMS
- STOMACH DIGESTION / VOMITING / REFLUX / PAIN
- BOWELS COLIC / CONSTIPATION / DIARRHEA
- BLADDER
- BREATHING
- PTO
- DENTAL BRACES / EXTRACTIONS / ROOT CANALS / CROWNS
- TEETH GRINDING
- OTHER

BRIEF DESCRIPTION

OTHER AREAS: (PAIN,TINGLING,NUMBNESS,WEAKNESS)

- HEAD/JAW
- NECK & SHOULDERS
- ARMS/HANDS
- CHEST
- ABDOMEN
- BACK
- LOW BACK / PELVIS
- HIPS / LEGS / FEET
- OTHER

PLEASE TICK : (+ WHEN DIAGNOSED)

- ASTHMA
- CHRONIC FATIGUE/GLANDULAR FEVER/ROSS RIVER VIRUS
- CHRONIC FATIGUE / UNUSUAL FATIGUE
- DIABETES

- EPILEPSY
- EMOTIONAL HEALTH/ANXIETY/DEPRESSION
- LEARNING DIFFICULTIES
- MENINGITIS
- RECENT WEIGHTLOSS/GAIN
- OTHER