

NEWBORN-3 years

Patient's Full Name _____ Date: ____/____/____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ E-Mail: _____
 Male Female Date of Birth: ____/____/____

How did you find us?

<input type="checkbox"/> Existing Patient Name: _____	<input type="checkbox"/> BIRTHFIT <input type="checkbox"/> Google <input type="checkbox"/> Social Media	<input type="checkbox"/> Office Website <input type="checkbox"/> MPI Website <input type="checkbox"/> Other Website: _____
<input type="checkbox"/> Physician Name: _____		
<input type="checkbox"/> Friend Name: _____		
<input type="checkbox"/> Other _____		

Social Security # _____ - _____ - _____
 Emergency Contact: _____ Relationship: _____ Phone: _____ - _____ - _____
 Family Physician: _____ City: _____ State: _____ Phone _____
 Previous Chiropractic Care: Yes No If Yes, for what Problem: _____
 Chiropractor's Name/Location _____

Authorization of Release

In consideration of your undertaking to care for me, I agree to the following:

1. You are authorized to release **any information** you deem appropriate concerning my physical or emotional condition, health history, or billing and payment history to any insurance company, attorney, or adjuster for the purpose of any claim for reimbursement of charges incurred by me. I understand that you do not bill insurance companies directly, but I authorize the release of my information should I choose to seek reimbursement.

2. I acknowledge that my health-related information may be shared with other providers for my benefit and fully authorize you or another provider to exchange this information as necessary; this includes, but is not limited to: diagnostic imaging, patient records, and/or any pertinent health-related information.

Patient/Guardian Signature: _____ **Date:** ____/____/____

Dear Parent/Gaurdian: Please complete this form and questionnaire. If you need assistance, please ask. Your answers will help us determine if chiropractic care can help your child. If we do not sincerely believe this child will respond satisfactorily, we will not accept your case. THANK YOU.

Pregnancy & Birth

Birth Weight _____ Birth Length _____ Age of Mother @ baby's birth _____

Infant's gestational age: Full Term Preterm If so, # of weeks _____ Post-term

Apgar scores (if known) _____

Type of Delivery: Vaginal C-section If so, please explain in space provided below.

Initial feeding of baby: Breast Bottle If bottle, was breast feeding attempted? Yes No

Currently breastfeeding? Yes No Difficulty latching? Yes No

Currently eating solids? Yes No If yes, please circle: fruits vegetables meats grains dairy products nuts/seeds/berries

Name of Midwife or Obstetrician / Place of birth / City / State _____

Name of Pediatrician _____

Immunizations: (Circle one) Current Delayed None

Did mother take any supplements or herbal remedies during pregnancy? Yes No

If yes, explain _____

Did mother use cigarettes, alcohol, recreational drugs or prescription medications during this pregnancy? Yes No

If yes, explain _____

Mother's physical activity during pregnancy:

Mother's general nutrition practice during pregnancy/breastfeeding:

Were there any complications with the pregnancy (i.e., diabetes, infections, high blood pressure, preterm labor)? Yes No
 If yes, explain: _____

What was baby's presentation at 38w and at birth?



Confidential Patient Information

Triangle CRC, PLLC
6060A Six Forks Road
Raleigh, NC 27609

(919) 792-8682 Phone
(919) 882-1774 Fax
www.TriangleCRC.com

Were there any problems/complications during labor? Yes No

If yes, explain: _____

Were there any problems/complications with mother or baby postpartum? Yes No

If yes, explain

In the space below please explain in further detail any of the above information, as needed:

Does anyone in the household smoke? Yes No

ALL QUESTIONS BEYOND THIS POINT ARE FOR STAFF USE ONLY:

CURRENT: WEIGHT: _____ HEIGHT: _____ TEMP: _____ PULSE: _____

AFFECT: _____

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Reflex	Age	Present	Absent	NOTES
<i>Sucking</i>	Up to 3 mo; Path after 6			
<i>Searching</i>	Up to 3 mo; Path after 6			
<i>Rooting</i>	Up to 3Mo			
<i>Babkin</i>	0-4w; Path after 6w			
<i>Stepping</i>	0-4w; Path after 3mo			
<i>Galant</i>	0-4w; Path after 6mo			
<i>Moro</i>	0-6w; Path after 3mo			
<i>Heell</i>	0-4w; Path after 3mo			
<i>Suprapubic</i>	0-4w; Path after 3mo			
<i>Crossed Extension</i>	0-6w; Path after 3mo			
<i>Palmar Grasp</i>	0-3mo; Path after 6mo			
<i>Plantar Grasp</i>	0-8/9mo			
<i>Acoustic Facial</i>	From 10th day; path if neg after 4 mo			
<i>Primitive support of LE</i>	Always Negative from 40 week post-conception			
<i>Palm Root Reflex</i>	Always Negative from 40 week post-conception			
<i>ATNR, STNR</i>	Always Negative from 40 week post-conception			
<i>Rossolimo</i>	Always Negative from 40 week post-conception			
<i>Primitive Upright Rxn of UE</i>	Always Negative from 40 week post-conception			

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Milestone	Age	Present	Absent	NOTES
<i>Fencer</i>	6-8w			
<i>Symm Support on Elbows</i>	3mo			
<i>Lateral Grasp</i>	4mo			
<i>Single Elbow Support</i>	4.5mo			
<i>Symm Support on Palms</i>	6mo			
<i>Turning</i>	6mo			
<i>Oblique Sit</i>	7.5mo			
<i>Crawling</i>	8-10mo			
<i>Reaching Vertical</i>	8-10mo			
<i>Free Sit</i>	8-10mo			
<i>Cruising</i>	10mo			
<i>Gait</i>	14-16mo			
<i>Squat/Bear</i>	14-16mo			