



COMPREHENSIVE HEALTH HISTORY

Dr. David W. Lask, D.C.
9744 Watson Rd.
Crestwood, MO 63126
314-835-1234
dlask@askdrlask.com

GENERAL INFORMATION

What is your child's current school status ?

- | | | |
|---|---|--|
| <input type="checkbox"/> Has not started school yet | <input type="checkbox"/> Normal education, full time | <input type="checkbox"/> Normal education, part time |
| <input type="checkbox"/> Special education, part time | <input type="checkbox"/> Special education, full time | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Expelled | <input type="checkbox"/> Home-schooling | <input type="checkbox"/> Other _____ |

In which grade is your child currently ? _____

Which type of school is your child attending ?

- Public school Private school School for the « disabled » Boarding school

With whom is the child currently living?

- | | | |
|--|--|--|
| <input type="checkbox"/> Both biological parents | <input type="checkbox"/> Biological mother | <input type="checkbox"/> Biological father |
| <input type="checkbox"/> Biological mother and step-father | <input type="checkbox"/> Biological father and step-mother | <input type="checkbox"/> Parents divorced, with alternating visits |
| <input type="checkbox"/> Adoptive parents | <input type="checkbox"/> Orphanage | <input type="checkbox"/> Other _____ |

How many children are there in the family (siblings) ? _____

What is the child position within the family?

- Only child The youngest The oldest Middle Other _____

In reference to the "man" of the family (e.g. biological father, step father, adoptive father, ...):

- What is his level of education ? _____
- What job/occupation is he currently doing ? _____
- Has he been in another previous marriage ? _____

In reference to the « woman » of the family (e.g. biological mother, step-mother, adoptive mother, ...)

- What is her level of education ? _____
- What job / occupation is she currently doing ? _____
- Has she been in another previous marriage ? _____

What is the principal source of income for the family ?

- Father's income Mother's income Both parents income Allowances (disabled, alimony, ...)

To which category does the family belong ?

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Threshold of poverty | <input type="checkbox"/> Lower class |
| <input type="checkbox"/> Middle class | <input type="checkbox"/> Upper class | <input type="checkbox"/> Rich |

On average, how many hours per week do the following people dedicate to the child ?

- father _____
- mother _____
- other _____

FIRST YEARS OF DEVELOPMENT

At the time of birth, how old was the father _____ , how old was the mother _____ ?

How many prior pregnancies has the mother had before this one ? _____

Have previous pregnancies resulted in miscarriage or stillbirth? _____

Was the pregnancy planned and desired ? _____

What was the mother's attitude with regard to the pregnancy? (*)

- | | | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Accepting | <input type="checkbox"/> Ambivalent | <input type="checkbox"/> Joy | <input type="checkbox"/> Anger | <input type="checkbox"/> Depression | <input type="checkbox"/> Worries |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Other _____ | | | |

* = more than one answer is possible

Was the pregnancy normal ? _____

Was the child born at term or pre-term ? _____

Please describe what best describes labor and birth ? (*)

- | | | | | |
|------------------------------------|---|---|---|---------------------------------------|
| <input type="checkbox"/> normal | <input type="checkbox"/> long and difficult labor | <input type="checkbox"/> mother was sick | <input type="checkbox"/> complications during birth process | <input type="checkbox"/> breech birth |
| <input type="checkbox"/> caesarean | <input type="checkbox"/> Rh factor problems | <input type="checkbox"/> forceps or suction | <input type="checkbox"/> epidural | |

Height, weight and Apgar's score at birth ? _____

How was the child's physical health status after birth ? (*)

- normal
- infection
- fever or seizures
- injured at birth
- low birth weight
- required blood transfusion
- difficulty breathing
- problems with bones
- placed in intensive care
- problems with heart
- jaundice
- other _____

Did the mother sufferer from post-natal depression («baby blues») ? _____

Describe the child's temperament before age 2 (*) :

- don't know
- sociable
- happy
- sleepy
- hyper-sensitive
- difficult
- angry
- sad
- curious
- other _____
- calm
- withdrawn
- alert
- affectionate
- irritable
- regular mood
- easily scared
- playful
- active
- irregular mood
- cranky
- frequent crying

Has the child been breast-fed ? no yes For how long ? _____

When was solid food first introduced ? _____

Has there been reactions or intolerances to food introduction ? _____

Has the child suffered from "milk crust"? _____

When has the child :

- crawled ? _____ did not crawl
- gone on all four ? _____ did not go on all four
- started to walk ? _____ does not walk yet
- started to talk ? _____ does not talk yet
- been toilet trained ? _____ is not toilet trained yet

Has the child sucked his/her thumb or other fingers ? no yes until when ? _____

Is the child : right handed left handed undefined : _____

Compared to other children (e.g. siblings, friend's or neighbor's children) how do you evaluate your child's development ??

	Faster	Average	Slower	Other :
Motricity (running, jumping, ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Social (friends, ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Cognitive (counting, alphabet, ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Describe the child's temperament from 2 to 5 years of age (*) :

- don't know
- sociable
- happy
- sleepy
- hyper-sensitive
- difficult
- angry
- sad
- curious
- other _____
- calm
- withdrawn
- alert
- affectionate
- irritable
- regular mood
- easily scared
- playful
- active
- irregular mood
- cranky
- frequent crying

EDUCATION AND SCHOOL

Which of the following has the child attended? (*)

- infant day care
- day care
- kindergarten
- none

At what age has the child started kindergarten? _____

Did the child have any problem there ?(*)

- no
- was afraid
- had to be punished to go to kindergarten
- complained of being ill to avoid going to school
- other : _____

Which of the following describes the experience of the child in kindergarten ?(*)

- enjoyed it
- did not get along with other children
- had to be frequently disciplined
- felt neutral
- frequently absent due to health reasons
- disliked it

Describe the child's progress in kindergarten ?

advanced average slow other : _____

At what age did the child start mandatory school ? _____

Has there been any problems there ?(*)

no had to be punished to go to school
 was afraid complained of being ill to avoid going to school other : _____

Which of the following describes the experience of the child in school ?(*)

enjoyed it felt neutral disliked it
 did not get along with other children frequently absent due to health reasons
 had to be frequently disciplined

Describe the child's progress in school ?

advanced average slow other : _____

Describe the child's experience in first grade :

nothing special placed in accelerated program / jumped a year
 suspended got tutoring
 expelled got counseling
 frequently absent evaluated by psychologist
 repeated a grade or retained placed in full-time special education
 placed in part-time special education

Has the child repeated one or more grades ? no yes, which one(s) _____

Reasons ? _____

Beside each subject, place the letters **ST** if this represent a strength of your child or **WK** if this represents a weakness :

English
Languages
Math
Science
History
Social studies
Music
Sport
Other : _____

Beside each domain, place the letters **ST** if this represent a strength of your child or **WK** if this represents a weakness:

Concentration	Vocabulary and expression
Organization	Understanding concepts
Test preparation	Pleasing teachers
Handwriting	behaving correctly
Memorizing	Reading speed
Paying attention	Reading comprehension
Getting assignments done on time	Spelling
Working hard and not giving up	Intelligence

Does the child inverse or mix letters or numbers while reading or spelling?

Does the child complete homework assignments on time? always usually rarely never

Does the child require additional academic support?

no tutor remedial class extra help from teacher

How often does the child miss school?

never rarely less than once a month more than once a month once a week or more

MEDICAL HISTORY AND HEALTH STATUS

Is the child regularly checked-up by the following:

- medical doctor chiropractor osteopath naturopath
 ears eyes and sight teeth nerve system

Does the child suffer from sight or eyes acuity problems ?

- myopia hypermetropia astigmatism strabismus color-blindness other _____

Has the child had one or more fever over 104 degrees ? _____

Has the child had the following childhood and other diseases :

- | | | | | | | |
|-----------------------|---------|-----------------------------------|-------|-----------|-------------------------|-------------|
| chicken pox | measles | German measles | Mumps | Pertussis | hepatitis | other _____ |
| Ear infections | | Growing pains | | | Asthma | |
| Colic | | Abdominal pains | | | Epilepsy / seizures | |
| Bronchitis | | Headaches | | | Fatigue | |
| Chronic colds / flu | | Hyperactivity / attention deficit | | | Fever of unknown origin | |
| Skin problems | | Attitude problems | | | Distractibility | |
| Learning disabilities | | Slow academic progress | | | Scoliosis | |
| Behavioral disorders | | Enuresis | | | Hay fever | |
| Allergies | | Dyslexia | | | Sleeping problems | |

Is the child currently under medical care ?

no

yes

With whom ? _____

Why? _____

Is or has the the child followed :

psychological or behavioral therapy, for _____

Who? _____ When? _____ Results? _____

speech therapy or reading remediation, for _____

Who? _____ When? _____ Results? _____

psychomotricity, for _____

Who? _____ When? _____ Results? _____

orthodontics or braces

Who? _____ When? _____ Results? _____

Does the child have amalgam fillings ? Does the mother have amalgam fillings? How many?

In the last 6 months, has there been a change in your child's weight, appetite or sleep pattern ?

- normal increase in weight and height weight gain weight loss weight loss due to diet
 increase in appetite decrease in appetite improvement in sleep change in sleep pattern

How many continuous hours is the child sleeping ? _____

Is he/she well rested in the morning? _____

Does the child suffer from sleep problems ?

- no difficulty falling asleep wakes up during the night doesn't sleep enough
 sleeps but not rested moves a lot in bed wakes up too early sleeps too much
 sleeps in school Refuses to go to bed refuses to wake up sleep-walking
 teeth grinding at night frequent nightmares snores sleep apnea

Does the child have problems with food and eating ? _____

Does the child have problems with hygiene and cleanliness ? _____

Does the child complain of physical pains (headaches, tummy, muscles, joints or growing pains)? _____

Does the child suffer from the following symptoms ? :

- Dry skin Dry and hard skin on elbows Skin that cracks on the heels
 Dandruffs Always thirsty or increased need to urinate.

Has your child been hospitalized or had to undergo surgery ? _____

Which vaccines has your child received ? _____
Has there been any adverse reactions ? _____

How many courses of antibiotics has your child received :
In his all life ? _____ Which ones ? _____
This year ? _____ Which ones ? _____

Other medications used ? _____

Is the child exposed to a toxic environment (including passive smoking) ? _____

Does anyone in the family smoke in the presence of the child ? _____

Has the child had falls, traumas or injuries ? (please give the date, describe the trauma and treatment received)

FAMILY HISTORY

List any health problems (physical and emotional) that the mother may have and treatment received ?

List any health problems (physical and emotional) that the father may have and treatment received ?

List any health problems (physical and emotional) that the siblings may have and treatment received ?

Have members of the family suffered from or been treated for psychological disorders ?

Have members of the family suffered from or been treated for substance abuse ?

Have members of the family suffered from or been treated for learning disabilities ?

BEHAVIOR AND FAMILY DYNAMICS

Describe the relationship between the child and parents
 very positive positive neutral negative very negative

What kind of discipline do you use as parents
 don't know none withdrawal of privileges grounding
 physical punishment yelling lecturing loss of allowances
 others : _____

How strict are you with your child
 don't know very strict strict average permissive very permissive

Which parent is the strictest ? mother father

Do your different views on how discipline should be applied create divergences or tensions as a couple ?

Describe any sports or activities done by the child :

How many hours per week does the child watch TV or play computer games or consoles?

What type of music does the child listen to ? _____

Describe the child's responsibilities at home (*):

- | | |
|--|--|
| <input type="checkbox"/> don't know | <input type="checkbox"/> helping to prepare meals |
| <input type="checkbox"/> none | <input type="checkbox"/> helping clean after meals |
| <input type="checkbox"/> yard work | <input type="checkbox"/> housework |
| <input type="checkbox"/> baby-sitting | <input type="checkbox"/> cleaning up room |
| <input type="checkbox"/> taking out garbage | <input type="checkbox"/> doing laundry |
| <input type="checkbox"/> setting the table for meals | <input type="checkbox"/> other _____ |

Does the child receive an allowance ?

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> don't know | <input type="checkbox"/> no | <input type="checkbox"/> yes, only if the child does chores |
| <input type="checkbox"/> yes, even if the child doesn't do chores | <input type="checkbox"/> other _____ | |

What rewards or reinforcers do you use to recognize good behavior? (*)

- | | |
|---|---|
| <input type="checkbox"/> don't know | <input type="checkbox"/> additional computer / videogame time |
| <input type="checkbox"/> none | <input type="checkbox"/> toys |
| <input type="checkbox"/> recognition/praise by mother | <input type="checkbox"/> books |
| <input type="checkbox"/> recognition / praise by father | <input type="checkbox"/> foods |
| <input type="checkbox"/> money | <input type="checkbox"/> snacks and sweets |
| <input type="checkbox"/> additional TV time | <input type="checkbox"/> games |
| <input type="checkbox"/> radio / stereo | <input type="checkbox"/> outdoor play |
| <input type="checkbox"/> privileges | <input type="checkbox"/> recreational activities |
| <input type="checkbox"/> other _____ | |

Describe the child's privileges at home (*)

- | | |
|---|---|
| <input type="checkbox"/> none | <input type="checkbox"/> staying home alone when parents go out |
| <input type="checkbox"/> playing nearby without supervision | <input type="checkbox"/> playing anywhere without supervision |
| <input type="checkbox"/> going out after dark | <input type="checkbox"/> buying own clothes |
| <input type="checkbox"/> using the phone whenever the child wants | <input type="checkbox"/> choosing own hair style |
| <input type="checkbox"/> determining own curfew | <input type="checkbox"/> deciding how to spend money |
| <input type="checkbox"/> determining own bedtime | <input type="checkbox"/> having friends spend the night over |
| <input type="checkbox"/> spending the night at a friend's house | <input type="checkbox"/> other _____ |

What things do you argue about with your child ? (*)

- | | |
|--|--|
| <input type="checkbox"/> don't know | <input type="checkbox"/> lying |
| <input type="checkbox"/> nothing | <input type="checkbox"/> music |
| <input type="checkbox"/> telephone | <input type="checkbox"/> clothes |
| <input type="checkbox"/> privacy | <input type="checkbox"/> school |
| <input type="checkbox"/> friends | <input type="checkbox"/> bedtime |
| <input type="checkbox"/> homework | <input type="checkbox"/> curfew |
| <input type="checkbox"/> etiquette and manners | <input type="checkbox"/> spending money |
| <input type="checkbox"/> chores | <input type="checkbox"/> cleanliness and hygiene |
| <input type="checkbox"/> bad language | <input type="checkbox"/> other _____ |

What kind of problems do you have as parents ? (*)

- | | |
|--|---|
| <input type="checkbox"/> don't know | <input type="checkbox"/> financial problems |
| <input type="checkbox"/> none | <input type="checkbox"/> job problems |
| <input type="checkbox"/> health problems | <input type="checkbox"/> problems from breaking the law |
| <input type="checkbox"/> marriage problems | <input type="checkbox"/> emotional problems |
| <input type="checkbox"/> alcohol / drug abuse problems | <input type="checkbox"/> other _____ |

Describe the child's family relationships (*)

- | | |
|---|---|
| <input type="checkbox"/> don't know | <input type="checkbox"/> supportive |
| <input type="checkbox"/> marked by frequent arguments | <input type="checkbox"/> warm and close |
| <input type="checkbox"/> marked by physical violence | <input type="checkbox"/> cold and distant |
| <input type="checkbox"/> unsupportive | <input type="checkbox"/> other _____ |

Has the child been abused (by family member or a stranger) ?

- | | |
|--|---|
| <input type="checkbox"/> don't know | <input type="checkbox"/> yes, verbally abused |
| <input type="checkbox"/> no | <input type="checkbox"/> yes, sexually abused |
| <input type="checkbox"/> yes, physically abused | <input type="checkbox"/> yes, neglected |
| <input type="checkbox"/> yes, emotionally abused | <input type="checkbox"/> other _____ |

Describe the relationships between the child and his/her siblings

- | | |
|--|--|
| <input type="checkbox"/> does not apply (only child) | <input type="checkbox"/> neutral |
| <input type="checkbox"/> very positive | <input type="checkbox"/> negative |
| <input type="checkbox"/> positive | <input type="checkbox"/> very negative |
- Describe : _____

How important is achievement for the child's family

- don't know important somewhat important unimportant

How do you perceive your child's level of acceptance by peers

- good mixed poor

Which problems does the child have with peers ? (*)

- | | |
|--|---|
| <input type="checkbox"/> none | <input type="checkbox"/> having peers who engage in delinquent behavior |
| <input type="checkbox"/> being teased | <input type="checkbox"/> having peers get better grades |
| <input type="checkbox"/> being physically attacked | <input type="checkbox"/> having peers get poorer grades |
| <input type="checkbox"/> rejected by peers | <input type="checkbox"/> being bullied or racketed |
| <input type="checkbox"/> jealous of peers | <input type="checkbox"/> other _____ |

How is the child's self-esteem

- very positive positive mixed negative very negative

Describe the child's independent activities (*)

- | | |
|---|--|
| <input type="checkbox"/> none | <input type="checkbox"/> goes to school by self |
| <input type="checkbox"/> sleep at friend's house | <input type="checkbox"/> goes shopping without parents |
| <input type="checkbox"/> overnight camps | <input type="checkbox"/> goes to movies without parents |
| <input type="checkbox"/> stays with babysitter | <input type="checkbox"/> stays outside after dark |
| <input type="checkbox"/> goes to friend's house alone | <input type="checkbox"/> gets dressed without help |
| <input type="checkbox"/> goes to bed alone | <input type="checkbox"/> gets bath / shower without help |
| <input type="checkbox"/> chooses clothes to wear | <input type="checkbox"/> other _____ |

Which of the following has the child experienced in the last 12 months ? (*)

- | | |
|---|---|
| <input type="checkbox"/> none | <input type="checkbox"/> parent's separation |
| <input type="checkbox"/> mother getting pregnant | <input type="checkbox"/> parent's divorce |
| <input type="checkbox"/> birth of brother or sister | <input type="checkbox"/> brother or sister being seriously ill or injured |
| <input type="checkbox"/> death of brother or sister | <input type="checkbox"/> parents being seriously ill or injured |
| <input type="checkbox"/> death of a parent | <input type="checkbox"/> parent losing job |
| <input type="checkbox"/> change of school | <input type="checkbox"/> move to a new home |
| <input type="checkbox"/> other | |

Overall, how would you describe his/her behavior at home ?

Anything else that you would like to share so that we can know your child better ?
