

Initial Consultation Child Questionnaire (School Age)

Welcome. The following information is confidential and will assist us in determining your child's current and past health status.

Your Child's Name..... Your Child's D.O.B..... / / Age.....

Any Siblings (Names and Ages)

.....

Your Name..... Your D.O.B..... / /

Relationship Status

Address..... P/code.....

Ph (H)..... (M)..... (W).....

Email.....

How did you hear about this office?

Welcome to Lifewise

In this office we use a form of chiropractic known as Network Care which is extremely gentle and effective. This care will help your child to release stored tensions from his or her spine, nervous system and body. Tensions build up due to physical, emotional and chemical stresses your child has experienced. The following questions will help us gain an understanding of the stresses your child has experienced up until now. All information is confidential. If you have any questions or concerns, feel free to ask at any time.

Why have you brought your child for chiropractic care?

- ☐ General check-up
- ☐ Help with a particular concern

Please describe your concern:.....

.....

Your Pregnancy & Birth

Please describe your pregnancy and your child's birth (eg. morning sickness, physical pain/discomfort, emotional stress, your overall health, birth early/on-time/late, labour time, natural/caesarian, interventions, birth weight etc.):

.....

.....

.....

Since Your Child's Birth

Has your child experienced any of the following since birth?

- ☐ Falls, accidents ☐ Illnesses ☐ Major stresses ☐ Death of a family member/friend
☐ Witnessed a trauma ☐ Birth of a sibling ☐ Change in living arrangement ☐ Other

Relevant details:

Has your child been diagnosed with any condition, disorder or disability (other than those you have already mentioned)?

Please describe:

Has your child been vaccinated? **Yes / No**

If yes, has this been in line with the regular Australian Vaccination Schedule? **Yes / No**

Does your child seem sensitive to any of the following?

- ☐ Loud noises ☐ Light ☐ Crowded places
☐ Other

Please list any food sensitivities or intolerances you have noticed or been informed of:

.....
.....
.....

Was your child breastfed? **Yes / No** If so, until what age?

Briefly describe your child's diet now:

.....
.....

Briefly describe your child's sleeping habits/routine:

.....
.....

Has your child experienced any of the following?

- ☐ Colic or irritability ☐ Skin conditions ☐ Asthma or allergies ☐ Ear infections
☐ Behavioural or learning difficulties ☐ Restricted movement of their head/neck or other body parts
☐ Persistent difficulties falling or staying asleep ☐ Recurrent or persistent colds or other infections

Relevant details:

In general, how would you describe your child? Eg. happy and relaxed, stressed and anxious, alert and aware, etc.

.....
.....

How is your child doing at school, including learning and educational goals, ability to organise themselves, and developing socially?

.....
.....

What activities does your child enjoy outside of school, eg. hobbies, physical activities or sports etc.?

.....
.....

You

At present, how would you describe yourself?

- ☐ Happy and relaxed ☐ Emotionally up and down ☐ Stressed and anxious
☐ Other, please describe

.....
.....

Do you feel you have enough support from your partner, family, friends, etc? Yes / No

Please describe:
.....

Have you experienced significant hardship or stresses during your child's life? Yes / No

Relevant details:
.....

Any other information that you feel is relevant:

.....
.....
.....

Important Information

At Lifewise we use a form of Chiropractic called Network Care which is noted for being extremely gentle and for the profound results produced. This care will help your child release tension and stored energy from their spine and nervous system.

In general children respond very quickly to Network Care as they do not have layers of tension to work through. Parents of children in Network Care report that they are happier, more alert, less susceptible to infections and learn more easily. Network Care also teaches their bodies' to better respond to stress in the future, giving them the best possible start in life.

Some people notice their child's body detoxifying after adjustments, which can be associated with minor rashes, short lived irritability etc. If you have any concerns at all please mention them to us.

The contacts used during Network Adjustments are primarily focused at areas of spine where the spinal cord attaches to the bones. These areas include the neck and the sacrum and coccyx (tailbone).

During adjustments you may notice changes in your child's breath and/or areas of their body spontaneously moving (rocking, stretching, twitching etc.). These movements and the flow of breath unwind tension built up around their spine. For the best results in their care, please encourage them in this process as much as possible.

I understand the above and consent to my child's care.

Signed

Date / /