Initial Consultation
Child Questionnaire

lifewise
network care adelaide

Welcome to Lifewise. The care your child receives in this practice will help them release tension from their spine, nervous system and body. Tensions build up in response to physical, emotional and chemical stresses they have experienced.

This form is for a parent or guardian to complete for a child of any age, from newborn to teenager. Skip any questions that do not apply to your child. If your child is old enough, they can help you fill this in. Everything you share is private and confidential.

Child's name ..... Date of birth ...../ ...../ .....

Address .....

Parent or guardian name(s) .....

Mobile ..... Email .....

Who lives at home with your child? (siblings' names and ages) .....

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Childcare, preschool or school, and year .....

How did you hear about us? .....

What would you like help with for your child?

A symptom, an area of their body, or something in their life. When it began and what was happening at the time, what helps, what makes it harder, and how it affects their sleep, feeding, mood, play or school.

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What would you love to be different for your child as a result of care?

For example: relief from a symptom, better sleep, more settled, more ease in their body, better posture, more energy, coping better with stress, more confidence.

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Early years

Tell us about the pregnancy, birth and first months

Anything that did not go to plan, such as a long or fast labour, forceps, vacuum, caesarean, breech or early birth; and how the early months went with settling, feeding, reflux, sleep and milestones like crawling, walking and talking. Please also include how you were going, such as postnatal depression or anxiety.

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Health history

Has your child had any illnesses, conditions or symptoms, past or present?
Colic or irritability, skin conditions, asthma or allergies, ear infections, recurrent colds or other infections, restricted movement of their head, neck or body, behavioural or learning difficulties.

Accidents, falls, sporting injuries, concussions or broken bones, with approximate ages
Include any that did not seem to cause an injury at the time.

Surgeries or hospital stays

Other health practitioners your child has seen or is seeing, and why
GP, paediatrician, specialist, physio, osteopath, psychologist, occupational or speech therapist.

Daily life

Medications, supplements or remedies, and why; any allergies or intolerances

Describe a typical day
Babies: feeding, sleep, settling. Older children: eating, sleep, screens, sport, play, school bags.

Does your child seem sensitive to anything, such as loud noises, light or crowded places?

Feelings, development and friendships

Stresses, changes or big events in your child's life, with their age at the time
Time in hospital, moving house or school, family changes, losses, illness, bullying, exam pressure.

How is your child going with development, play, school and friendships?
Younger children: milestones, play. Older children: learning, concentration, sport, hobbies, mood.

When does your child seem happiest and most themselves?

Is there anything else about your child that you would like us to know?

About your child's care

Care for children and young people. We use Network Spinal Care, a gentle form of chiropractic focused on helping your child release stress and tension held in their spine and nervous system. Care is tailored to your child's age, needs and comfort, and we will talk with you both about what to expect.

During care. A parent or guardian stays with your child for every appointment. Contacts are light, mainly at the neck and pelvis, from the base of the skull to the tailbone. We follow your child's cues and comfort, explain what we are doing in a way they can understand, and stop whenever your child or you ask us to.

Afterwards. Some children feel tired, unsettled, a little emotional or slightly sore for a short time; this usually settles on its own. Serious complications from gentle chiropractic care are rare, and we will discuss any risks relevant to your child.

Working together. Care works best with open communication. Please keep us informed of any changes in your child's health and any other care they are receiving.

Privacy. Your child's information is confidential, stored securely in line with the Australian Privacy Principles, used only for their care, and not shared without your consent unless required by law.

I am the parent or legal guardian of the child named in this form. I understand the above and consent to my child's care.

Name ..... Relationship to child .....

Signature ..... Date ...../ ...../ .....