

History of car accidents, falls, concussions, whiplash injuries, serious illnesses:

Date(s)

Incident

In general, how is your child's health?

Describe childbirth for this child:

What are your expectations for your child's treatment?

Has your child had any surgeries?

Date(s)

Surgery

Anything else I need to know?

I have stated all conditions that I am aware of and this information is true and accurate.

Client's initials: _____

Date: _____