CORE INSIGHT CHIROPRACTIC
40 Aberdeen Avenue, Suite 103, St. John's, NL A1A 5T3 709.738.0366 www.coreinsight.ca

Personal History

Child's Name: _____ Today's Date: _____

Birthdate: _____ Age: _____ Sex: _____ Adopted? _____

Parent completing this form: _____

Current School: _____ Grade: _____

Teacher(s): _____

Has he/she been in a special classroom, attended remedial or enrichment classes? ☐ Yes ☐ No

If yes, please describe: _____

Mother's Name: _____ Occupation: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ Email Address: _____

Father's Name: _____ Occupation: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ Email Address: _____

Child's Physician: _____ Phone: _____

Address: _____

How long has your child been under this physician's care? _____

_____

How long has your child been diagnosed as having any medical or educational condition? _____

If so, what? _____

Who made the diagnosis and when was it made? _____

Referred by: _____ Relationship to Child: _____

What are your concerns about your child? (Please provide a detailed explanation) _____

_____

_____

What are the school's primary concerns? _____

_____

_____

CORE INSIGHT CHIROPRACTIC
40 Aberdeen Avenue, Suite 103, St. John's, NL A1A 5T3 709.738.0366 www.coreinsight.ca

Is there a discrepency between your impression of your child versus the school's? _____

_____

_____

Has your family experienced any recent crisis or stress that you feel is important to your child's development at this time? _____

_____

_____

What do you hope to gain from this therapy? _____

_____

_____

Which of the following specialists has your child seen, or is currently seeing for an evaluation or treatment? Please provide the Doctor's name and their findings/diagnosis/treatment.

	Doctor's Name	Findings/Diagnosis/Treatment
☐ Pediatric Neurologist		
☐ Developmental Pediatrician		
☐ Psychologist		
☐ Psychiatrist		
☐ Speech Pathologist		
☐ Audiologist		
☐ Physical Therapist		
☐ Occupational Therapist		
☐ Optometrist		
☐ Ophthamologist		
☐ Nutritionist/ Naturopath/ Homeopath		
☐ Chiropractor		

CORE INSIGHT CHIROPRACTIC
40 Aberdeen Avenue, Suite 103, St. John's, NL A1A 5T3 709.738.0366 www.coreinsight.ca

Personal History

1. Birth Weight: _____ lbs. _____ oz. Apgars: _____ _____
2. Pregnancy: ☐ Full Term ☐ Premature
3. Problems encountered during pregnancy (illness, injury, stress, anemia, medications, etc.):

_____

4. Labor: Total Length of Labor: _____ ☐ Induced Birth? ☐ Breech Position?
5. Delivery: ☐ Vaginal ☐ Cesarean ☐ Forceps ☐ Anesthesia
6. Problems encountered during labor and delivery: _____

_____

7. List illnesses, injuries or surgeries the child has had and age at time of illness: _____

_____

8. Has child had high fevers? Y / N If yes, frequency: _____
9. General health at present: ☐ Good ☐ Fair ☐ Poor Describe: _____
10. List any present medications: _____
11. Ear Infections: Y / N If yes, frequency: _____ Tubes: Y / N If yes, frequency: _____
12. Allergies: Y / N If yes, frequency: _____
13. Any medical precautions? _____
14. Names of child's siblings: Age: Sex: Grade: School:

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Development History

Check all that describe your child as an **infant:**

- ☐ Fussy, irritable
- ☐ Quiet
- ☐ Active
- ☐ Resisted being held
- ☐ Tensed muscles when being held
- ☐ Irregular sleep patterns
- ☐ Good, non-demanding
- ☐ Passive
- ☐ Liked being held
- ☐ Floppy
- ☐ Slept well
- ☐ Overly active, never still unless sleeping

CORE INSIGHT CHIROPRACTIC
40 Aberdeen Avenue, Suite 103, St. John's, NL A1A 5T3 709.738.0366 www.coreinsight.ca

Check all that describe your child most at **present:**

- ☐ Has positive self esteem
- ☐ Mostly quiet
- ☐ Tires easily
- ☐ Restless
- ☐ Difficulty seperating from primary caretakers
- ☐ Overreacts
- ☐ Frequent temper tantrums
- ☐ Resists change
- ☐ Falls often
- ☐ Easily frustrated
- ☐ Cries often
- ☐ Has difficulty learnng new tasks
- ☐ Usually happy
- ☐ Overly active
- ☐ Talks constantly
- ☐ Stubborn
- ☐ Difficulty shifting from one activity to another
- ☐ Fights frequently
- ☐ Clumsy
- ☐ Nervous habits or tics
- ☐ Poor attention span
- ☐ Distractable
- ☐ Rocks self frequently

Approximate age at which your child did the following:

Raised head	_____	Pulled to standing	_____
Crawled on hands and knees	_____	Stood alone	_____
Sat alone	_____	Walked	_____

Your general impression of your child's development:

A - Advanced N - Normal S - Slow

Gross Motor: (running, jumping, ball play) _____

Fine Motor: (beading, lacing, cutting with scissors) _____

Handwriting / Colouring skills: _____

Daily Schedule

1. My child is in school / daycare from: _____ to _____ .

2. Please describe your child's morning routine. (Typical school day) _____

3. What factors most interfere with a smooth morning?

4. Provide an overview of your child's usual after-school routine.

5. What are the biggest deterrents to a smooth evening?

6. What prevents or facilitates smooth homework sessions? How involved are you in the process?

7. How does your child choose to spend his/her free time at home?

8. Does your child play appropriately with toys? If not, explain:

9. Please describe your child's bedtime routine. What tends to relax or over-stimulate him/her in the evening? How long does it take your child once put to bed, to fall asleep?

10. How does your child cope with weekends (e.g., more physically active, stays in front of the TV, play date with friends, type of demeanor compared to week days)?

11. What is his/her mood like when he/she returns to school after the weekend?

Behaviour and Social Skills

1. Who is primarily responsible for discipline and rule setting at home? _____

2. What methods are most effective? How does your child respond to discipline?

3. Does your child tantrum? _____ How often? _____

4. Have you observed any head banging or self-destructive behavior? _____

5. How does your child respond to authority figures outside of the home? _____

6. How does your child respond to structure? Please elaborate:

7. Does your child have a "best friend"? _____ Older or younger? _____

8. Is your child attuned to social cues? Is he/she socially appropriate (at school, home, play date, party)?

9. How does your child do with one-on-one play dates? Does he/she request them?

10. Are you concerned with your child's ability to function at birthday parties, other group or crowded situations? (e.g. guests at home, visiting friends or relatives, youth group, synagogue, church, mall, movie theater, etc.)

CORE INSIGHT CHIROPRACTIC
40 Aberdeen Avenue, Suite 103, St. John's, NL A1A 5T3 709.738.0366 www.coreinsight.ca

Self Care Skills

EATING SKILLS:

Feeds his/herself: ☐ All ☐ Most ☐ Some

Uses: ☐ Fingers ☐ Spoon ☐ Fork ☐ Cup

Level of proficiency (On a scale of 1-5): _____

Is your child a messy eater? Y / N Please explain: _____

_____

Does your child object to certain foods, tastes, and textures? Y / N Please explain: _____

_____

DRESSING:

	Remove	Put on		Remove	Put on
Undershirt	☐	☐	Socks	☐	☐
Shirt	☐	☐	Shoelaces	☐	☐
Underpants	☐	☐	Shoes	☐	☐
Pants	☐	☐	Buttons	☐	☐
Snaps	☐	☐	Velcro	☐	☐
Zippers	☐	☐	Belt	☐	☐

Comments: _____

_____

BATHING:

Does your child take a bath? Y / N Shower? Y / N Does he/she enjoy it? Y / N

Is he/she sensitive to the temperature of the water? Y / N

How much assistance does your child need to wash his/her:

Body? _____ Face? _____

Hair? _____ Dry off? _____

SENSORY PROCESSING/REGULATION:
Please check all that are appropriate:

- ☐ Sleep patterns are or were irregular.
- ☐ Hunger and/or thirst patterns are or were irregular or less/more than expected in frequency.
- ☐ Alertness/arousal states often don't match others.
- ☐ Inability to self-calm.
- ☐ Aviods or resists stimulating experiences, preferring quiet and solutude.
- ☐ When alone or with immediate family, seems to be happier outdoors than indoors.
- ☐ Is often bothered by environment stimuli, which seem to go unnoticed by others.
- ☐ Behavior deteriorates with schedule changes or when something happens that is unpredictable.
- ☐ Demonstrates resistance to, anxiety with touch from others or proximity of others, textures in food, hygiene activities, clothing textures and/or messy play material or substances.
- ☐ Becomes agitated, overwhelms easily or becomes drowsy and sleeps in response to stimuli which overwhelm.
- ☐ Seeks out (and seems to crave to excess) touch experiences.
- ☐ Seeks out (and seems to crave to excess) such muscle/tendon/jount stimulation experiences as jumping, bouncing, body slamming, pullling, pushing, climbing and swinging from monkey bars, etc.

- ☐ Seeks out (and seems to crave to excess) self-rolling, self-spinning/twirling, somersaulting, diving off a diving board (in preference to swimming), swings, teeter totters, skating, skateboarding, bike riding, fast moving carnival rides, hanging upside down, etc.
- ☐ Aviods, resists or seems fearful of the experence in the above instances.
- ☐ Seeks out (and may crave to excess) visually stimulating experiences such as brightly colored lights or toys with lights, spinning objects, pendulems, metronomes, wind chimes or play with hands, objects or light to create predictable, regular movement patterns.
- ☐ Has difficulty finding objects with a competing background (clothing in drawer or closet, toys in own room, items in desk).
- ☐ Attention and distractibility issues arise with physical proximity of others, being touched, anticipation of touch, noise, smells, visual stimuli and/or postural instability.

AUDITORY, SPEECH AND LANGUAGE PROCESSING:

Please check all that are appropriate:

- ☐ Has a diagnosed hearing impairment.
- ☐ No diagnosed hearing impairment, but not seeming to hear or process language as well as others do at this age.
- ☐ Does not appear to enjoy being talked to, read to, or sung to.
- ☐ Tires easily, has limited attention or is easily distracted when listening.
- ☐ Has difficulty hearing/functioning with noisy backgrounds.
- ☐ Confuses similar sounding words or poor ability to discriminate different sounds.
- ☐ Difficulty following conversations.
- ☐ Monotone speech.
- ☐ Speech (fluency, rhythm, and/or sound articulation) skills delayed for age.
- ☐ Language (sound production, vocabulary, content, elaboration of ideas, structure and/or organization) skills delayed for age.
- ☐ Responds slowly or misses some of the communication intent or content from others.
- ☐ Difficulty for others to interpret child's communicative intent.
- ☐ Seems to ignore or lack interest when others are communicating.
- ☐ Difficulty following conversations.
- ☐ Difficulty interpreting non-verbal communication from others.
- ☐ Poor short term auditory memory.
- ☐ Seems overly sensitive to certain sounds and may cover ears, cry, scream or become aggressive toward self or others, upon hearing those sounds.
- ☐ Seems to enjoy making noises or strange sounds (may do so as a cover for other objectionable sounds).

SOCIAL-EMOTIONAL SKILLS:

Please check all that are appropriate:

- ☐ Does not relax with parent's voice or parent's touch.
- ☐ Is indifferent to the presence or attention of familiar others.
- ☐ Does not respond or appropriately respond to the facial expressions of familiar others.
- ☐ Preferring to play alone, does not appear to enjoy interactive play with familiar others.
- ☐ Does not initiate hugs and kisses, or resists hugs and kisses from familiar others.
- ☐ Does not display vocally (or with facial expressions) a wide range of emotions (to include anger, fear, sadness, joy, guilt, sympathy, anticipation, surprise).
- ☐ Does not attempt to comfort others in distress.
- ☐ Has no need to be the center of attention.

CORE INSIGHT CHIROPRACTIC
40 Aberdeen Avenue, Suite 103, St. John's, NL A1A 5T3 709.738.0366 www.coreinsight.ca

COGNITIVE SKILLS:

Please check all that are appropriate:

- ☐ Relative to age, is slow to learn new concepts or has difficulty retaining previously taught concepts.
- ☐ Relative to age, has difficulty understanding cause and effect relationships (as an infant this may be demonstrated as different cries for different needs).
- ☐ Relative to age, is unmotivated or unable to play with age appropriate toys for their intended purpose.
- ☐ Difficulty as toddler with matching, sorting, doing simple puzzles.
- ☐ Difficulty with visual or auditory memory, relative to age.
- ☐ Difficulty problem solving, relative to age.

GROSS MOTOR SKILLS:

Please check all that are appropriate:

- ☐ Appears awkward or less coordinated than other children this age and may resist doing large motor activities.
- ☐ Has difficulty figuring out how to move body or takes move time to learn or perform motor activites.
- ☐ Balance responses are immature or exaggerated for age.
- ☐ Falls more frequently than other children this age.
- ☐ Has poor sense of the body in space, running into things.
- ☐ Seeks external support for posture (leaning on furniture or people, slouching or lying down, versus sitting/standing erect).
- ☐ Seems to fatigue quicker than other children this age.
- ☐ Demonstrates stiff rigid movement patterns.
- ☐ Has most difficulty with sequential or rhythmic motor tasks or tasks requiring coordination between upper and lower body or between body side.

FINE MOTOR/SELF HELP SKILLS:

Please check all that are appropriate:

- ☐ Has or had poor coordination of suck, swallow and breathe (noticed with breast, bottle, cup and/or eating solids).
- ☐ Has or had difficulty moving the toungue around the inside and outside of the mouth to manage food.
- ☐ Delay in holding own bottle, cup, finger feeding and/or using spoon and fork.
- ☐ Delay in responsiveness to assist with dressing (by putting out hand or foot).
- ☐ Inability to move the eyes independent of the head (with head and eyes moving together).
- ☐ Delay in establishing (at expected ages) regular sleep schedule and bowel/bladder control/schedule.
- ☐ Does not show interest or ability to help with household tasks.
- ☐ Demonstrates little interest in independence.
- ☐ Delays in doffing/donning clothing and managing clothing fasteners.
- ☐ Difficulty using school supplies appropriately (pencils, crayons, scissors, paste, etc).
- ☐ Difficulty managing lunch supplies (food containers, zip lock bags, juice box and straw, milk cartons, etc).
- ☐ Relative to age, has difficulty managing personal hygiene independently (tooth and hair brushing, hand and body washing/drying).
- ☐ Seems to lack interest in self-help and/ or fine motor activities.
- ☐ Has limited repertoire of hand skills or ability to use the hands to manipulate objects appropriately, relative to age.
- ☐ Has difficulty using both hands at the same time (one hand is manipulating while the other is stabilizing).