Wolph Chiropractic and Acupuncture

123 S. Main St. Fostoria, OH (419) 436-0616 640 S. Wintergarden Rd. Bowling Green, OH (419) 353-6394

Confidential Infant/Child Information

			Date:	
Patient Name		21.	D.O.B:	
Address.		City:	State	Zip
Λσe·	Height:	Weight:	# of Siblings	S:
- FRAD/	Dadiatrician:			
Address.	- Culati fora	Phone	e#:	
Dravious Chira	nractor & Location:			
Date of last vi	cit·	Reason for visit:		
Date of last vi.	316			
		Chief Compliant		
Peason(s) for co	ntacting us:			
List all prior trea	tment(s) medications for	r compliant:		
Date of onset	Onset	was: Sudden Gradual Durati	on of Issue:	
Effects of proble	am/s) on hody function ar	nd daily activities:		
Effects of proble	elli(s) oli body idiletioni di			
List any medica	tions taken during pregna	re drugs used for delivery? Yency:		
		Developmental History		
Any delays noti	ced? Yes No If yes list:			
• •				
Breastfed:	months For ods at age: A	Nutritional History mula age began: ny food/drink Allergies?	for	months
Immunizations	:: Yes No Social Behavi	Child Health History ors? Yes No If Yes explain:		
List any or diag	gnosed conditions:			
List any medic	ations past or current :			
Broken bones	or surgeries:			

	Photo Release		
DO/DO NOT, give my peri Facebook.	mission to have my child's picture	e displayed in the o	ffice, on our website, or on
	Parent/Guardian		
Name:	A	ddress if different:	
Ci+x/*	State*	Zin:	
Phone:	Cell:	V	Work:
SS#:	Emp	loyer:	
	Health Insurance	Information	
Subscribers Name:			SS#
Insurance Name:		Employer:	SS#
	rage? Yes No (if yes, Please		
Subscribers Name:		D.O.B:	SS#:
Insurance Name:		Employer:	
insurance company, attor charges. In sigining below	nev, adjuster, or employer in ord	der to process any	rning my child's condition to any claims for reimbursement of any to pay Wolph Chiropractic, Inc.
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