

Allergy Clearing Case History-Child

(Please print legibly)

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

Address: _____ City: _____ State: _____ Zip: _____

H. Phone: () _____ C. Phone: () _____

Date of Birth: _____ Age: _____ Best Email Contact: _____

Mother's Name: _____ Mother's Occupation: _____ Mother's Employer: _____

Father's Name: _____ Father's Occupation: _____ Father's Employer: _____

Parent Marital Status: S M SEP D W Referred By: _____ Number of Children in Family: _____

Has your child ever received chiropractic care? YES NO When and for how long? _____

Has your child had any organs removed? Tonsils/Adenoids/Gallbladder/Appendix/Colon/Stomach/Teeth/Other:

Please tell us about your child's allergy history...

Many people have very obvious known reactions to certain foods or substances. In as much detail as possible, please use the lines below to list any known allergies and a description of the observed reactions to each one. Obvious allergic responses might be itching, swelling, runny eyes, coughing, sneezing, rashes, vomiting, diarrhea, cramps, etc. Less obvious might include change of behavior after eating certain foods, excitable or grumpy, GERD, bowel inflammation, bloating, loss of appetite, headaches, “foggy” brain, chronic body aches, bags under eyes or dark circles, red ears, eczema.

Your child's allergy history will help to give us a basic starting place to begin the clearing process. Please be as thorough as possible when listing possible allergenic substances and observed bodily responses to those substances.

[illegible]