

Pediatric History:

Patient information and consent

Patient name

Patient date of birth

Parent/guardian names, ages, nationality

Legal relationship to child

Family situation

General practitioner/pediatrician

Consent to contact other healthcare practitioners

Consent to exam and care

Date

Consent to use anonymized data confidentially for research

Antenatal health

Perinatal mental health

Maternal Stress

Depression⁷

Maternal prenatal health

Biomechanical status

Mode of conception

Medications, supplements

Migraine headaches

Previous pregnancies

Birth

Duration of pregnancy (gestation) _____ weeks _____ days

Fetal health in pregnancy _____ 1st stage _____ hours

Active fetus _____ 2nd stage _____ hours

Onset of labor _____ 3rd stage _____ how long after birth, complications?

Duration of labor

Ease of birth

Fetal presentation

Fetal distress

Intervention during labor/birth Emergency C-section

Medication perinatally analgesia
(mother, infant) Antibiotics, drugs, alcohol

Antibiotics, drugs, alcohol

Delivery: hospital, home

Injury or stress to neonate after birth (e.g. facial bruising, cephalohaematoma), meconium, jaundice

Infant medical conditions at birth

Congenital anomalies

Pediatric History, continued:

Baby's health after birth (APGAR)

Delayed cord clamping

Postnatal skin to skin

Neonatal care

Duration NICU

Intervention for mother

Feeding⁶

How soon after birth breastfed

Did baby successfully breastfeed directly after delivery

How/what is baby primarily fed?

Breast, bottle, other

Type of bottle /nipple

Feeding equally from both sides

Good latch, efficient feeding

Concern about tongue-tie ⁶

Painful to breastfeed

Reflux

Feeding frequency

Age of introduction solid foods?

Interest in food

Signs of allergy or intolerance?

Weight gain and growth

Following growth chart

Any difficulty with or concerns about feeding?

Crying

Number of hours crying/day

Pitch/ intensity

Timing/ frequency

Consolability

Associated symptoms/ behaviors (e.g. pulling ears, scratching eyes)

Sleeping

Time and duration (24 hrs)

Positioning (supine or other)

Quality of sleep

Ease of settling, falling and staying asleep

Sleeping with mouth open?

Grinding teeth or night terrors

Grunting

Pediatric History, continued:

Presenting complaint

Parent/guardian concerns
Date /mode of onset
associated symptoms, timing/course,
aggravating and relieving factors

Character, severity, course

Previous episodes

Investigations/outcome

Additional complaints

General health

Diagnosed conditions

Suspected conditions

Medications for mother or baby:
Prescribed and over-the-counter
What, why, outcome, any side effects

Supplements, D vitamin

Hospital visits, diagnostic testing, imaging
When, why, outcome

Other healthcare practitioners seen

Vaccinations — normal schedule followed?
Adverse reactions

Family medical history
Allergies, migraines, gastrointestinal problems, autoimmune disease

Review of systems

Cardio-respiratory
Recurrent coughs, RS virus, wheeze, intervention

Skin
Urticaria, eczema, diaper rash

Ears: malformation, hearing
Eyes: eye contact, sight
Nose: breathing through nose or mouth

Throat

Gastrointestinal
Gas, dyschesia, constipation,
Poop: consistency and color,
Mucous or blood in stool or vomit

Output
Number of wet and dirty diapers in 24 hours

Musculoskeletal
Positional or postural preference
Asymmetry of head or trunk, upright vs. supine

Pediatric History, continued:

Injuries or falls

Development

Does the baby move and interact like other babies the same age?

Arms, legs equally active, motor milestones for age?

Any other thoughts or concerns not covered?

Sensory: avoidance or seeking it

Bright light or certain noises

Texture or fit of clothing

Difficulty with brushing hair, teeth or cutting nails

Interoception

Do they know when they become hot, cold, thirsty, hungry, full, tired, excited or ill?

Do they react strongly to certain smells or tastes, will they avoid some foods because of the texture?

Red Flags (indications for referral)

Age group

Sign/symptom

Any age

Labored breathing

Rib retractions

Fever: 38°C or over in neonate

Fewer than 4 heavy wet diapers in 24 hours, signs of dehydration

Slow or halted growth (weight, length, head circumference)

Halted or regression of development, loss of skills

Fractures in non-ambulatory child, unexplained bruising

From 1 -10 how problematic do you find baby's crying

Scissored or crossed legs when suspended

Development:
1-3 months

Not responding to loud noises, no eye contact by 6 weeks
Not following objects with eyes by 2-3 months

Development:
3-4 months

Not supporting head well
Not weightbearing on feet when held upright
Persistent flexed positioning of extremity or hand

Development:
4-7 months

Stiff or contracted muscles of extremities, extremity
Hypotonia or floppiness of neck or extremities
Head not held when pulled from supine to sitting by arms

Development:
8-12 months

Not crawling by 12 months
Asymmetry in crawling, e.g. dragging one leg
Not standing when supported
Not sitting steadily by 10 months

Pediatric History, continued:

Red Flags (indications for referral)

1 year-old	Constant toe walking
red flags	Lack of reciprocal movement in crawling or walking
	Little awareness of hands, not gesturing with hands
	Not babbling or saying mamma
	Frequent falling or bumping into things

Examination

Observations and vital signs

General appearance symmetrical movement pattern, tonicity, postural deviations, birthmarks, unusually soft skin, skin color

Signs of dehydration sunken fontanelle, skin turgor, dry mouth, lack of tearing

Head, face, eyes, ears, nose
Marks, bruising, swelling, discharge, rash, mucous, asymmetry

Cardiovascular and respiratory
Chest wall deformities, respiratory effort, mottling skin, capillary filling

Abdomen Distention, rigidity, painful behavior

Vital signs	Weight: _____ kg
	Length: _____ cm
	Head circumference: _____ cm
	Heart rate: _____ bpm
	Respiratory rate: _____ rpm
	Capillary refill: _____ sec
	Temperature: _____ °C

Musculoskeletal examination

Hip screening

Abduction symmetrical Clicking in hip with abduction

Supine leg length Galeazzi sign

Asymmetrical thigh creases or leg positioning

Tone while suspended

Hypermobility

ROM feet, knees

Upper limb/shoulder girdle

Range of motion/tone

Scarf sign

Pediatric History, continued:

Musculoskeletal examination, continued

Signs of asymmetry (biomechanical assessment)

Fixed positioning

Asymmetrical movements

Torticollis: SCM nodule, thickness BL

Plagiocephaly: unilateral occipital flattening, anterior displacement of frontal or maxillary bones

Asymmetrical size of eyes or placement of ears, mouth

Unilateral microcephaly

Infantile scoliosis

Palpation

Findings

Static palpation for regional restriction, tension in associated musculature
Palpatory hypersensitivity

Cervical:
Thoracic:
Lumbar:
Pelvic:
Ribs:
Upper extremity:
Lower extremity:
TMJ:
Occiput :

Passive range of motion
Joint restriction, muscle tension
as indicated

Cervical:
Rotation lateral flexion flexion extension:
Thoracic:
Lumbar:
Pelvic:
Upper extremity:
Lower extremity:
Occiput:

Palpation for skull deformity, e.g.
open fontanell, cranial synostosis, sutures

Cranial measurements:
Diagonals; Bitemporal; Fronto-occipital

Neurological examination

Reflexes: Biceps R __ L __; Brachioradialis R __ L __; Triceps R __ L __; Achilles R __ L __; Patellar R __ L __

Sensation: reacts to touch along appropriated dermatome

Primitive Reflexes

Moro reflex (0-4 months)

Rooting (0-4 months)

Palmar grasp (0-4 months)

Galant (0-2/3 months)

ATNR BL (asymmetrical tonic neck reflex) (6 wks)

Babinski (0-walking)

STNR (symmetrical tonic neck reflex)

Parachute 8+ months

Pediatric History, continued:

Neurological examination, continued

Postural reflexes from 3 months

Head righting bilaterally

Pull to sit without head lag or asymmetry

Supports weight on feet

Ventral suspension

Vertical suspension

Cranial nerve screening	Normal/abnormal response
CN II: pupillary light reflex	
CNs III, IV, VI: extra-ocular movements	
CN V: facial sensation, mastication	
CN VII: root response (motor), blink response BL, facial expression	
CN VIII: eyes look to sound	
CN IX, X: suck/swallow/speech	
CN XI: active head rotation	
CN XII: active tongue movement	

Age	Fine Motor	Gross Motor	Adaptive	Social	Communications
4 weeks		Good head control when held erect	Occasional eye following	Recognizes facial form	Guttural sounds
8 weeks		Head up when prone	Follows	Smiles	Early cooing
12 weeks	Opens hands, grasps all objects, hand-hand, hand-mouth, foot-foot	Balances body weight on lower arms when prone	Regularly looks at objects in hand	Reaches for familiar objects	Laughs
18 weeks		Can shift body weight to one side, lift opp hand to grasp			
6 months	Uses hand in raking motion	Rolling over, both sides	Transfers from hand to hand	Plays with hands	Speech is unclear
9 months	Picks up objects using fingers and thumb	Sits unsupported	Feeds from a cup unassisted	Plays with feet, clearly shows joy / displeasure	Ma-ma, da-da, one or two recognizable words
12 months	Well-developed pincer grip, simultaneously turns 2-3 pages of a book	Crawling established	Holds bottle unassisted	Finger feeds, plays peekaboo	Gestures, jargon
18 months	Turns a page one at a time	Stands unsupported, walks with minimum assistance, runs well, walks upstairs	Builds tower of 2 cubes, feeds self with utensils, scribbles	Understands yes and no, pulls a wheeled toy	4-6 meaningful words, begins two word phrases

Pediatric History, continued:

Neurodevelopmental⁹

Is your child interested in playing with other children?

Do you have eye contact

When you say a word or wave your hand, will your child try to copy you?

Does your child look if you point to something across the room?

Does your child look at you when you call his or her name?

How does your child usually show you something he or she wants?

Does your child bring things to you to show them to you?

Table 2 Continuation. Chiropractic pediatric history and exam form ages 0-2 years