



# **COMPREHENSIVE HEALTH HISTORY**

## **Spinal Vitality**

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## GENERAL INFORMATION

What is your child current school status ?

- Has not started school yet                       Normal education, full time                       Normal education, part time
- Special education, part time                       Special education, full time                       Suspended
- Expelled                       Home-schooling                       Other \_\_\_\_\_

In which grade is your child currently ? \_\_\_\_\_

Which type of school is your child attending ?

- Public school                       Private school                       School for the « disabled »                       Boarding school

With whom is the child currently living?

- Both biological parents                       Biological mother                       Biological father
- Biological mother and step-father                       Biological father and step-mother                       Parents divorced, with alternating visits
- Adoptive parents                       Orphanage                       Other \_\_\_\_\_

How many children are there in the family (siblings) ? \_\_\_\_\_

What is the child position within the family?

- Only child                       The youngest                       The oldest                       Middle                       Other \_\_\_\_\_

In reference to the "man" of the family (e.g. biological father, step father, adoptive father, ...):

- What is his level of education ? \_\_\_\_\_
- What job/occupation is he currently doing ? \_\_\_\_\_
- Has he been in another previous marriage ? \_\_\_\_\_

In reference to the « woman » of the family (e.g. biological mother, step-mother, adoptive mother, ...)

- What is her level of education ? \_\_\_\_\_
- What job / occupation is she currently doing ? \_\_\_\_\_
- Has she been in another previous marriage ? \_\_\_\_\_

What is the principal source of income for the family ?

- Father's income                       Mother's income                       Both parents income                       Allowances (disabled, alimony, ...)

To which category does the family belong ?

- Poor                       Threshold of poverty                       Lower class
- Middle class                       Upper class                       Rich

On average, how many hours per week do the following people dedicate to the child ?

- father \_\_\_\_\_
- mother \_\_\_\_\_
- other \_\_\_\_\_

## FIRST YEARS OF DEVELOPMENT

At the time of birth, how old was the father \_\_\_\_\_ , how old was the mother \_\_\_\_\_ ?

How many prior pregnancies has the mother had before this one ? \_\_\_\_\_

Have previous pregnancies resulted in miscarriage or stillbirth? \_\_\_\_\_

Was the pregnancy planned and desired ? \_\_\_\_\_

What was the mother's attitude with regard to the pregnancy? (\*)

\* = more than one answer is possible

- Accepting       Ambivalent       Joy       Anger       Depression       Worries
- Fear       Mood swings       Other \_\_\_\_\_

Was the pregnancy normal ? \_\_\_\_\_

Was the child born at term or pre-term ? \_\_\_\_\_

Please describe what best describe labor and birth ? (\*)

- normal       long and difficult labor       mother was sick       complications during birth process       breech birth
- caesarean       Rh factor problems       forceps or suction       epidural

Height, weight and Apgar's score at birth ? \_\_\_\_\_

How was the child's physical health status after birth ? (\*)

- normal       injured at birth       difficulty breathing       problems with heart
- infection       low birth weight       problems with bones       jaundice
- fever or seizures       required blood transfusion       placed in intensive care       other \_\_\_\_\_

Did the mother sufferer from post-natal depression («baby blues ») ? \_\_\_\_\_

Describe the child's temperament before age 2 (\*):

- |  |                                      |                                       |  |  |
|--|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> don't know      | <input type="checkbox"/> difficult   | <input type="checkbox"/> calm         | <input type="checkbox"/> irritable     | <input type="checkbox"/> active          |
| <input type="checkbox"/> sociable        | <input type="checkbox"/> angry       | <input type="checkbox"/> withdrawn    | <input type="checkbox"/> regular mood  | <input type="checkbox"/> irregular mood  |
| <input type="checkbox"/> happy           | <input type="checkbox"/> sad         | <input type="checkbox"/> alert        | <input type="checkbox"/> easily scared | <input type="checkbox"/> cranky          |
| <input type="checkbox"/> sleepy          | <input type="checkbox"/> curious     | <input type="checkbox"/> affectionate | <input type="checkbox"/> playful       | <input type="checkbox"/> frequent crying |
| <input type="checkbox"/> hyper-sensitive | <input type="checkbox"/> other _____ |                                       |  |  |

Has the child been breast-fed?  no  yes For how long? \_\_\_\_\_

When was solid food first introduced? \_\_\_\_\_

Has there been reactions or intolerances to food introduction? \_\_\_\_\_

Has the child suffered from "milk crust"? \_\_\_\_\_

When has the child:

- |                         |       |  |
|-------------------------|-------|--|
| - crawled?              | _____ | <input type="checkbox"/> did not crawl             |
| - gone on all four ?    | _____ | <input type="checkbox"/> did not go on all four    |
| - started to walk ?     | _____ | <input type="checkbox"/> does not walk yet         |
| - started to talk ?     | _____ | <input type="checkbox"/> does not talk yet         |
| - been toilet trained ? | _____ | <input type="checkbox"/> is not toilet trained yet |

Has the child sucked his/her thumb or other fingers?  no  yes until when? \_\_\_\_\_

Is the child:  right handed  left handed  undefined: \_\_\_\_\_

Compared to other children (e.g. siblings, friend's or neighbor's children) how do you evaluate your child's development ??

|                                     | Faster                   | Average                  | Slower                   | Other :                        |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| Motricity (running, jumping, ...)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Language                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Social (friends, ...)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Cognitive (counting, alphabet, ...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |

Describe the child's temperament from 2 to 5 years of age (\*):

- |  |                                      |                                       |  |  |
|--|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> don't know      | <input type="checkbox"/> difficult   | <input type="checkbox"/> calm         | <input type="checkbox"/> irritable     | <input type="checkbox"/> active          |
| <input type="checkbox"/> sociable        | <input type="checkbox"/> angry       | <input type="checkbox"/> withdrawn    | <input type="checkbox"/> regular mood  | <input type="checkbox"/> irregular mood  |
| <input type="checkbox"/> happy           | <input type="checkbox"/> sad         | <input type="checkbox"/> alert        | <input type="checkbox"/> easily scared | <input type="checkbox"/> cranky          |
| <input type="checkbox"/> sleepy          | <input type="checkbox"/> curious     | <input type="checkbox"/> affectionate | <input type="checkbox"/> playful       | <input type="checkbox"/> frequent crying |
| <input type="checkbox"/> hyper-sensitive | <input type="checkbox"/> other _____ |                                       |  |  |

## EDUCATION AND SCHOOL

Which of the following has the child attended? (\*)

- infant day care       day care       kindergarten       none

At what age has the child started kindergarten? \_\_\_\_\_

Did the child have any problem there ?(\*)

- no       had to be punished to go to kindergarten
- was afraid       complained of being ill o avoid going to school       other : \_\_\_\_\_

Which of the following describes the experience of the child in kindergarten ?(\*)

- enjoyed it       felt neutral       disliked it
- did not get along with other children       frequently absent due to health reasons
- had to be frequently disciplined

Describe the child's progress in kindergarten ?

- advanced       average       slow       other : \_\_\_\_\_

At what age did the child start mandatory school ? \_\_\_\_\_

Has there been any problems there ?(\*)

- no       had to be punished to go to school
- was afraid       complained of being ill o avoid going to school       other : \_\_\_\_\_

Which of the following describes the experience of the child in school ?(\*)

- enjoyed it       felt neutral       disliked it
- did not get along with other children       frequently absent due to health reasons
- had to be frequently disciplined

Describe the child's progress in school ?

- advanced       average       slow       other : \_\_\_\_\_

Describe the child's experience in first grade :

- nothing special       repeated a grade or retained       placed in accelerated program / jumped a year
- suspended       placed in full-time special education       got tutoring
- expelled       placed in part-time special education       got counseling
- frequently absent       evaluated by psychologist

Has the child repeated one or more grades ?  no  yes, which one(s) \_\_\_\_\_

Reasons ? \_\_\_\_\_

Beside each subject, place the letters **ST** if this represent a strength of your child or **WK** if this represents a weakness :

English

Languages

Math

Science

History

Social studies

Music

Sport

Other : \_\_\_\_\_

Beside each domain, place the letters **ST** if this represent a strength of your child or **WK** if this represents a weakness:

Concentration

Vocabulary and expression

Organization

Understanding concepts

Test preparation

Pleasing teachers

Handwriting

behaving correctly

Memorizing

Reading speed

Paying attention

Reading comprehension

Getting assignments done on time

Spelling

Working hard and not giving up

Intelligence

Does the child inverse or mix letters or numbers while reading or spelling?

\_\_\_\_\_

Does the child complete homework assignments on time?  always  usually  rarely  never

Does the child require additional academic support?

no  tutor  remedial class  extra help from teacher

How often does the child miss school?

never  rarely  less than once a month  more than once a month  once a week or more

## MEDICAL HISTORY AND HEALTH STATUS

Is the child regularly checked-up by the following:

- medical doctor     chiropractor     osteopath     naturopath  
 ears     eyes and sight     teeth     nerve system

Does the child suffer from sight or eyes acuity problems ?

- myopia     hypermetropia     astigmatism     strabismus     color-blindness     other \_\_\_\_\_

Has the child had one or more fever over 104 degrees ? \_\_\_\_\_

Has the child had the following childhood and other diseases :

- chicken pox     measles     German measles     Mumps     Pertussis     hepatitis     other \_\_\_\_\_
- Ear infections     Growing pains     Asthma  
 Colic     Abdominal pains     Epilepsy / seizures  
 Bronchitis     Headaches     Fatigue  
 Chronic colds / flu     Hyperactivity / attention deficit     Fever of unknown origin  
 Skin problems     Attitude problems     Distractibility  
 Learning disabilities     Slow academic progress     Scoliosis  
 Behavioral disorders     Enuresis     Hay fever  
 Allergies     Dyslexia     Sleeping problems

Is the child currently under medical care ?     no     yes

With whom ? \_\_\_\_\_     Why? \_\_\_\_\_

Is or has the the child followed :

psychological or behavioral therapy, for \_\_\_\_\_

Who? \_\_\_\_\_    When? \_\_\_\_\_    Results? \_\_\_\_\_

speech therapy or reading remediation, for \_\_\_\_\_

Who ? \_\_\_\_\_    When ? \_\_\_\_\_    Results? \_\_\_\_\_

psychomotricity, for \_\_\_\_\_

Who ? \_\_\_\_\_    When ? \_\_\_\_\_    Results ? \_\_\_\_\_

orthodontics or braces

Who ? \_\_\_\_\_ When ? \_\_\_\_\_ Results ? \_\_\_\_\_

Does the child have amalgam fillings ? Does the mother have amalgam fillings? How many?

Child \_\_\_\_\_ Mother \_\_\_\_\_

In the last 6 months, has there been a change in your child's weight, appetite or sleep pattern ?

- normal increase in weight and height       weight gain       weight loss       weight loss due to diet  
 increase in appetite       decrease in appetite       improvement in sleep       change in sleep pattern

How many continuous hours is the child sleeping ? \_\_\_\_\_ Is he/she well rested in the morning? \_\_\_\_\_

Does the child suffer from sleep problems ?

- no       difficulty falling asleep       wakes up during the night       doesn't sleep enough  
 sleeps but not rested       moves a lot in bed       wakes up too early       sleeps too much  
 sleeps in school       Refuses to go to bed       refuses to wake up       sleep-walking  
 teeth grinding at night       frequent nightmares       snores       sleep apnea

Does the child have problems with food and eating ? \_\_\_\_\_

Does the child have problems with hygiene and cleanliness ? \_\_\_\_\_

Does the child complaints of physical pains (headaches, tummy, muscles, joints or growing pains)? \_\_\_\_\_

Does the child suffer from the following symptoms ? :

- Dry skin       Dry and hard skin on elbows       Skin that cracks on the heels  
 Dandruffs       Always thirsty or increased need to urinate.

Has your child been hospitalized or had to undergo surgery ? \_\_\_\_\_

Which vaccines has your child received ? \_\_\_\_\_

Has there been any adverse reactions ? \_\_\_\_\_

How many courses of antibiotics has your child received :

In his all life ? \_\_\_\_\_ Which ones ? \_\_\_\_\_

This year ? \_\_\_\_\_ Which ones ? \_\_\_\_\_

Other medications used ? \_\_\_\_\_

Is the child exposed to a toxic environment (including passive smoking) ?

\_\_\_\_\_

Does anyone in the family smokes in the presence of the child ? \_\_\_\_\_

Has the child had falls, traumas or injuries ? (please give the date, describe the trauma and treatment received)

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## **FAMILY HISTORY**

List any health problems (physical and emotional) that the mother may have and treatment received ?

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List any health problems (physical and emotional) that the father may have and treatment received ?

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List any health problems (physical and emotional) that the siblings may have and treatment received ?

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Have members of the family suffered from or been treated for psychological disorders ?

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Have members of the family suffered from or been treated for substance abuse ?

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Have members of the family suffered from or been treated for learning disabilities ?

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## **BEHAVIOR AND FAMILY DYNAMICS**

Describe the relationship between the child and parents

very positive     positive     neutral     negative     very negative

What kind of discipline do you use as parents (\*)

- don't know
- none
- withdrawal of privileges
- grounding
- physical punishment
- yelling
- lecturing
- loss of allowances
- others : \_\_\_\_\_

How strict are you with your child

- don't know
- very strict
- strict
- average
- permissive
- very permissive

Which parent is the strictest ?  mother  father

Do your different views on how discipline should be apply create divergences or tensions in your couple ?

\_\_\_\_\_

Describe any sports or activities done by the child :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours per week does the child watch TV or plays computer games or consoles?

\_\_\_\_\_

What type of music does the child listen to ? \_\_\_\_\_

Describe the child's responsibilities at home (\*) :

- don't know
- helping to prepare meals
- none
- helping clean after meals
- yard work
- housework
- baby-sitting
- cleaning up room
- taking out garbage
- doing laundry
- setting the table for meals
- other \_\_\_\_\_

Does the child receive an allowance ?

- don't know
- no
- yes, only if the child does chores
- yes, even if the child doesn't do chores
- other \_\_\_\_\_

What rewards or reinforcers do you use to recognize good behavior? (\*)

- |   |   |
|---|---|
| <input type="checkbox"/> don't know                     | <input type="checkbox"/> additional computer / videogame time |
| <input type="checkbox"/> none                           | <input type="checkbox"/> toys                                 |
| <input type="checkbox"/> recognition/praise by mother   | <input type="checkbox"/> books                                |
| <input type="checkbox"/> recognition / praise by father | <input type="checkbox"/> foods                                |
| <input type="checkbox"/> money                          | <input type="checkbox"/> snacks and sweets                    |
| <input type="checkbox"/> additional TV time             | <input type="checkbox"/> games                                |
| <input type="checkbox"/> radio / stereo                 | <input type="checkbox"/> outdoor play                         |
| <input type="checkbox"/> privileges                     | <input type="checkbox"/> recreational activities              |
| <input type="checkbox"/> other _____                    |   |

Describe the child's privileges at home (\*)

- |   |   |
|---|---|
| <input type="checkbox"/> none                                     | <input type="checkbox"/> staying home alone when parents go out |
| <input type="checkbox"/> playing nearby without supervision       | <input type="checkbox"/> playing anywhere without supervision   |
| <input type="checkbox"/> going out after dark                     | <input type="checkbox"/> buying own clothes                     |
| <input type="checkbox"/> using the phone whenever the child wants | <input type="checkbox"/> choosing own hair style                |
| <input type="checkbox"/> determining own curfew                   | <input type="checkbox"/> deciding how to spend money            |
| <input type="checkbox"/> determining own bedtime                  | <input type="checkbox"/> having friends spend the night over    |
| <input type="checkbox"/> spending the night at a friend's house   | <input type="checkbox"/> other _____                            |

What things do you argue about with your child ? (\*)

- |  |  |
|--|--|
| <input type="checkbox"/> don't know            | <input type="checkbox"/> lying                   |
| <input type="checkbox"/> nothing               | <input type="checkbox"/> music                   |
| <input type="checkbox"/> telephone             | <input type="checkbox"/> clothes                 |
| <input type="checkbox"/> privacy               | <input type="checkbox"/> school                  |
| <input type="checkbox"/> friends               | <input type="checkbox"/> bedtime                 |
| <input type="checkbox"/> homework              | <input type="checkbox"/> curfew                  |
| <input type="checkbox"/> etiquette and manners | <input type="checkbox"/> spending money          |
| <input type="checkbox"/> chores                | <input type="checkbox"/> cleanliness and hygiene |
| <input type="checkbox"/> bad language          | <input type="checkbox"/> other _____             |

What kind of problems do you have as parents ? (\*)

- |  |   |
|--|---|
| <input type="checkbox"/> don't know                    | <input type="checkbox"/> financial problems             |
| <input type="checkbox"/> none                          | <input type="checkbox"/> job problems                   |
| <input type="checkbox"/> health problems               | <input type="checkbox"/> problems from breaking the law |
| <input type="checkbox"/> marriage problems             | <input type="checkbox"/> emotional problems             |
| <input type="checkbox"/> alcohol / drug abuse problems | <input type="checkbox"/> other _____                    |

Describe the child's family relationships (\*)

- |   |   |
|---|---|
| <input type="checkbox"/> don't know                   | <input type="checkbox"/> supportive       |
| <input type="checkbox"/> marked by frequent arguments | <input type="checkbox"/> warm and close   |
| <input type="checkbox"/> marked by physical violence  | <input type="checkbox"/> cold and distant |
| <input type="checkbox"/> unsupportive                 | <input type="checkbox"/> other _____      |

Has the child been abused (by family member or a stranger) ? (\*)

- |  |   |
|--|---|
| <input type="checkbox"/> don't know              | <input type="checkbox"/> yes, verbally abused |
| <input type="checkbox"/> no                      | <input type="checkbox"/> yes, sexually abused |
| <input type="checkbox"/> yes, physically abused  | <input type="checkbox"/> yes, neglected       |
| <input type="checkbox"/> yes, emotionally abused | <input type="checkbox"/> other _____          |

Describe the relationships between the child and his/her siblings

- |  |  |
|--|--|
| <input type="checkbox"/> does not apply (only child) | <input type="checkbox"/> neutral       |
| <input type="checkbox"/> very positive               | <input type="checkbox"/> negative      |
| <input type="checkbox"/> positive                    | <input type="checkbox"/> very negative |

Describe : \_\_\_\_\_

How important is achievement for the child's family

- |                                     |                                    |   |                                      |
|-------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> don't know | <input type="checkbox"/> important | <input type="checkbox"/> somewhat important | <input type="checkbox"/> unimportant |
|-------------------------------------|------------------------------------|---|--------------------------------------|

How do you perceive your child's level of acceptance by peers

- |                               |                                |                               |
|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> good | <input type="checkbox"/> mixed | <input type="checkbox"/> poor |
|-------------------------------|--------------------------------|-------------------------------|

Which problems does the child has with peers ? (\*)

- none
- being teased
- being physically attacked
- rejected by peers
- jealous of peers
- having peers who engage in delinquent behavior
- having peers get better grades
- having peers get poorer grades
- being bullied or racketed
- other \_\_\_\_\_

How is the child's self-esteem

- very positive
- positive
- mixed
- negative
- very negative

Describe the child's independent activities (\*)

- none
- sleep at friend's house
- overnight camps
- stays with babysitter
- goes to friend's house alone
- goes to bed alone
- chooses clothes to wear
- goes to school by self
- goes shopping without parents
- goes to movies without parents
- stays outside after dark
- gets dressed without help
- gets bath / shower without help
- other \_\_\_\_\_

Which of the following has the child's experienced in the last 12 months ? (\*)

- none
- mother getting pregnant
- birth of brother or sister
- death of brother or sister
- death of a parent
- change of school
- parent's separation
- parent's divorce
- brother or sister being seriously ill or injured
- parents being seriously ill or injured
- parent losing job
- move to a new home
- other

Overall, how would you describe his behavior at home ?

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Anything else that you would like to share so that we can know your child better ?

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