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Pediatric Re-examination Questionnaire

Name of child: _____ Date: _____
Name of Parent/Guardian: _____

1. What is your goal in getting your child adjusted?

2. What changes have occurred concerning your child's chief complaint?

3. What changes have you noticed in other aspects of his/her health and life since beginning chiropractic?

4. What are your next immediate health/life goals for your child: What would you like to see her/him accomplish next?

5. How often do you feel your son/daughter should be adjusted in order to accomplish this or to continue promoting health and wellness?

6. With whom have you talked about your child's chiropractic care?

Family: _____
Friends: _____