



7. Do you have history of Inflammatory Bowel Disease?  Yes  No  
 Ulcerative Colitis  Crohn's Disease
8. Do you have a history of kidney and/or bladder infections?  Yes  No
9. Do you have any blood disorders?  Yes  No  
 Anemia  Leukemia  Hemophilia  Other \_\_\_\_\_
10. Have you ever been told you have unusual skeletal changes?  Yes  No
11. Have you ever broken any bones?  Yes  No
12. Have you ever had a fall that required chiropractic or medical attention?  Yes  No
13. Have you ever been knocked unconscious?  Yes  No
14. Have you ever experienced a notably high fever?  Yes  No
15. Have you ever been hospitalized for a condition which involved a coma?  Yes  No
16. Have you ever had a motor vehicle accident (with or without injury)?  Yes  No
17. Have you ever had an injury (that did not include fracturing) involving the following:  
 Bicycle  Athletic Injury  Motor Cycle  Snow Mobile  Horse  
 Other \_\_\_\_\_
18. Have you ever had any of the following (please circle):  
Heart Surgery                      Pace Maker                      Back Surgery                      Appendix Surgery for Cancer  
Head Surgery                      Joint Repair                      Hernia  
Other \_\_\_\_\_
19. Have you noticed any unusual lumps or growth?  Yes  No

Any other comments or concerns that you would like to report:

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\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date