



Johnson Chiropractic Clinic

Dr. Keith M. Johnson

13700 83rd Way, Suite 200 • Maple Grove, Minnesota 55369

Tel: 763.420.4242 • Fax: 763.494.0782

EXPERIENCED • COMMITTED • RESPECTED

About Your Child

Child's Name: _____

Child's Nickname: _____

Reason for Visit: _____

Birthdate: ____/____/____ Age: ____

Grade: ____ School: _____

Phone Number: _____

Home Address: _____
Street Address

City _____ State _____ Zip _____

Referred By: _____

Who Is Accompanying Your Child Today?

Name: _____

Relation: _____

Are you a legal guardian of this child? Y/N _____

Your Child's Medical History

What is your Child's Blood Type? _____

List any Allergies your Child Has: _____

List any Prescription/OTC Medications your Child is Taking: _____

List Previous Surgeries/Treatment Dates: _____

Does Child Have or Ever Had any of the Following Illnesses?

☐ Measles ____/____ ☐ German Measles ____/____

☐ Scarlet Fever ____/____ ☐ Mumps ____/____

☐ Chicken Pox ____/____ ☐ Cancer ____/____

☐ Pneumonia ____/____ ☐ UTI ____/____

☐ HIV/AIDS ____/____ ☐ Rheumatic Fever ____/____

☐ Diabetes ____/____ ☐ Tuberculosis ____/____

Other Illnesses/Accidents? _____

Development/Nutrition

Birth Weight _____ Length at Birth _____

Sat Alone _____ Stood Alone _____

Walked Alone _____ First Words _____

First Tooth _____ Toilet Trained _____

☐ Breast Feeding ☐ Formula ☐ Vitamins/FE/Fluoride

Family Information

Parents' Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Mother's Name: _____

☐ Biological ☐ Stepmother ☐ Guardian

Mother's Current Physical Health is ☐ Good ☐ Fair ☐ Poor

Mother's Blood Type: _____

Birthdate: ____/____/____ Phone: _____

Father's Name: _____

☐ Biological ☐ Stepfather ☐ Guardian

Father's Current Physical Health is ☐ Good ☐ Fair ☐ Poor

Father's Blood Type: _____

Birthdate: ____/____/____ Phone: _____

Who is responsible for making appointments?

☐ Mother ☐ Father ☐ Other (Below)

Name: _____

Phone: _____

Please List Any Other Children (Please indicate birthdates and gender)

Today's Date: ____/____/____