



Welcome Back Visit (0-14yrs) Name _____ Date _____ Scanned

Overall Lifestyle Review *(please circle, 10=Poor 1=Ideal)*

Under 2 years old fill in left side only (Over 2 years fill in both)

Posture & Movement	10	9	8	7	6	5	4	3	2	1
	Unbalanced posture/mvmt &/OR uncomfortable/pain					Balanced posture/mvmt maintained with ease				
Sitting	10	9	8	7	6	5	4	3	2	1
Copy rating above if your child is not sitting yet	Slouch &/or uncomfortable					Sit confident, balanced & comfortable				
Stretching & Flexibility	10	9	8	7	6	5	4	3	2	1
	Stiff &/or uncomfortable					Flexible & balanced movement				
Overall level of energy	10	9	8	7	6	5	4	3	2	1
	Wake exhausted &/OR easily tires, often lethargic					Wake up with energy & has good stamina				
Sleeping	10	9	8	7	6	5	4	3	2	1
	Difficult &/or wake frequently, restless or uncomfortable					Fall asleep easily & deep sleep				
Car Travel	10	9	8	7	6	5	4	3	2	1
	Uncomfortable &/or dislike					Travels well				
Bowel Movements	10	9	8	7	6	5	4	3	2	1
	Less than 3 per week &/OR strain to pass &/OR inconsistent					1-3 per day & pass easily/quickly				

Physical Ability & Coordination	10	9	8	7	6	5	4	3	2	1
	Ability below peers &/OR low coordination/balance					Ability at or above peers, good coordination/balance				
Daily Movement/ Sports/ Activity	10	9	8	7	6	5	4	3	2	1
	Minimal daily movement OR causes pain OR doesn't enjoy					Active & enjoys being active				
Overall ability to cope with life	10	9	8	7	6	5	4	3	2	1
	Anxious &/OR easily overwhelmed					Relaxed & cope well Can cope with change				
Learning & Behaviour	10	9	8	7	6	5	4	3	2	1
	Ability below peers &/OR behaviour issues					Learns with ease, level & behaviour is age appropriate				
Appetite & Eating Habits	10	9	8	7	6	5	4	3	2	1
	Low appetite &/OR low nature based foods					Good appetite & majority nature based diet				
Water	10	9	8	7	6	5	4	3	2	1
	No water					1L+ filtered water/ day & drinks regularly				
Recovery & Illness	10	9	8	7	6	5	4	3	2	1
	Frequent illness &/OR slow healing time					Occasional illness & heals/recover quickly				

Under 2 year olds: Total _____ *(please add up)*

77 - _____ *(total above)/70 x100 = _____%*

Over 2 year olds: Total _____ *(please add up both sides)*

154 - _____ *(total above)/140 x100 = _____%*

What is the main reason for your Child's visit today?

Have they had any injuries, traumas or significant health issues since we saw them last?

Anything else we should know?

Chiropractor Use Only

BWS		
Cx F(60)/E(70)		
Cx Rot (80)		
Cx LF (45)		
LRF Shoulder		
MRE Shoulder		
TL F(90)/E(30)		
TL Rot (100)		
TL LF (30)		



