

Is there anything else we should know about this child?: _____

Child's diet: _____

Environmental Factors (ie parents that smoke): _____

Personal Injury Cases Only:

Was your child injured in an automobile accident? Yes No

If yes, please explain: _____

Was the child riding in a car seat? Yes No

Was the car seat in the: Front Rear and was the car seat facing: Forward Backward

Was the child struck by an airbag? Yes No

Was the child in a booster seat? Yes No

Was the vehicle struck from the: Rear Front Left side Right side

List any visible bumps, bruises, cuts, etc. on the child that were caused by the accident:

=====

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Print PATIENT (child) Name

Signature of parent or legal guardian

Date