



# Manitou Wellness Center

## Child Information & Confidential Health History

Child's Name:		
Date of Birth:		
Parent/ Guardian Name:		
Phone Number:		
Email:		
Home Address:		
City:	State:	Zip:
Gender:		
Emergency Contact:		
Relationship to Child:		
How Did You Hear About Us?		

### Health History

Birth History (under age 2):

Weeks Gestation:                      -Vaginal                      -C-Section                      -Vacuum Assisted                      -Forceps

Postpartum Complications? Yes    No	Explain:
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