

Parent's Last Name:		Date:	
Parent's First Name:		Home No.:	
PO Box # or Mailing Add:		Cell No.:	
City, St, Zip:		Work No.:	

Child's Last Name:		Birth Date:	
Child's First Name:		Age:	
		Gender:	Male Female

Method of payment for todays visit: MC/Visa Check Cash

Whom may we thank for referring you to our office?

For what purpose is this child consulting our office today?

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When did this condition begin?

What makes it better?

What makes it worse?

Is there pain associated with this condition? Yes No

What is the quality of the pain? Sharp Dull Ache Pins Needles Burning Other:

Is the pain local or does it radiate? Local Radiates

Where does the pain begin? End?

What time of day is it the worst? Morning Afternoon Evening Time: AM/PM

What percent of the day does this bother you? 0 to 25 % 26 to 50 % 51 to 75 % 76 to 100 %

On the following scale, Please rate the pain:

Current: (1=least) 1 2 3 4 5 6 7 8 9 10 (10=worst)

At Worse: (1=least) 1 2 3 4 5 6 7 8 9 10 (10=worst)

How long does the pain last?

Please list previous diseases and surgeries?

Please list Allergies/Special Needs?

Please list medications/supplements?

Liability Statement

This liability form is set forth for the sole protection and safety of your child. If at any time, deemed necessary by Dr. Scot Thomas Anderson, emergency transport to St. John's or any other hospital via EMT services is required for the health and safety of your child, Integrity Chiropractic and Family Wellness, PC, Dr. Scot Thomas Anderson or any of its' volunteers, employees or affiliates shall not be held liable in any way, for the expenses, injuries or infirmities occurred by the transport associated with such services or for the care incurred during the stay at the hospital.

Consent to Treat

I, the undersigned, give my permission to Integrity Chiropractic and Family Wellness, PC, to Dr. Scot Thomas Anderson, and to the employees of this office, to treat the health concerns of the above mentioned child through the modalities of chiropractic and the modalities used in this office.

Parent/Legal Guardian Signature	Dated:
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