

Healthquest Chiropractic & Natural Medicine
301, 1228 Kensington Rd NW, Calgary AB T2N 3P7
Phone: 403-270-0604 Fax: 403-270-0634

New Patient Intake Form

Name _____ Gender M / F
Address _____ Postal Code _____
Home Phone Number _____ Work _____ Mobile _____
Emergency Contact Name/Number _____
Date of Birth _____ Alberta Health Number _____
Email Address _____ Would you like an email reminder? Yes No
Current Medical Physician _____
Name of Clinic _____ Phone Number _____
Occupation _____ Is this a work related injury? _____

Collection of Personal Health Information

At Healthquest we collect from our patients basic contact information and medical information including health history, physical conditions and treatment notes. Medical information is used to properly diagnose and insure we provide safe treatments to our patients. Healthquest utilizes an Electronic Health Record system to store medical information.

All personal and health information is collected as authorized by the Health Information Act under Section 20.

If you have a concern about your personal information, please feel free to discuss these concerns with Dr. Miranda Moen directly.

Dr. Miranda Moen
Privacy Officer
Healthquest Chiropractic & Natural Medicine Ltd
301, 1228 Kensington Road NW
Calgary, AB T2N 3P7
drmoen@healthquestcalgary.com

Pediatric Health and Social History

Date: _____
Name: _____
Birth date: _____ Age: _____

Medications Allergies/Reactions: _____

Child's Medical History

- | Yes | No | Has this child had any: If Yes, explain |
|-----|----|--|
| Yes | No | Serious Illness or growth problems |
| Yes | No | Serious accidents or head trauma |
| Yes | No | Hospitalizations |
| Yes | No | Surgeries |
| Yes | No | Recurrent Infections (ear, throat or lung) |
| Yes | No | Allergies or asthma |
| Yes | No | Chicken Pox |
| Yes | No | Urinary tract infections, kidney problems or undescended testicles |
| Yes | No | Seizures |
| Yes | No | Serious dental problems |
| Yes | No | Serious reactions to immunizations |
| Yes | No | Learning or developmental problems |
| Yes | No | Speech, hearing or vision problems |
| Yes | No | Emotional or behavioral problems |
| Yes | No | History of physical or sexual abuse |

Any prior medical attention or care?

Current Concerns?

Mother's Pregnancy History (with this child)

What month of pregnancy did you begin prenatal care?

Health problems during pregnancy?

of pregnancies _____ # of living children _____

Child's Birth History

Hospital delivered in _____

Full Term? Yes No Child's due date: _____

Birth weight _____ Length _____

Vaginal Delivery _____ C-Section _____

Complications?

Baby's health after delivery _____

Baby discharged at ____ days of age

Child's Diet (Please explain):

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Consent Form

To Our Patients;

Anything discussed in this clinic will remain confidential.

Chiropractic examination and therapeutic procedures (including spinal adjustment, ultrasound, heat application, electrotherapy and manual muscle therapy) are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. These complications may include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side-effects and complications is available upon request.

I have read and understand the above statements regarding treatment side-effects. I also understand that there is no guarantee or warranty for a specific cure or result.

(Signature)

(Date)

If additional information is requested:

I requested and received, in substantial detail, further explanation of the procedure or treatment. I was also given information about material risks of the procedure or treatment, and other alternative procedures or methods. I give permission and consent to the procedure or treatment.

(Signature)

(Date)