

Pediatric Practice Member Registration

Child's Full Name: _____ Preferred Name : _____ Date: _____

Mother's Full Name: _____ Father's Full Name: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Mother's Phone: _____ Father's Phone: _____ Email: _____

Mother's Occupation: _____ Father's Occupation: _____

May we periodically email you regarding the following: Yes No events/specials monthly newsletters

Birth Date: ___/___/___ Birth Weight: _____ Birth Length: _____

Age: _____ Sex: M F Current Weight: _____ Current Length: _____

No. of Siblings & Ages: _____

In Case of Emergency Contact: (Local Friend or Relative, not living at same address)

Full Name: _____ Relationship to Patient: _____

Work Phone #: _____ Cell Phone #: _____

How did you hear about us? Friend/Family Physician/Midwife Referral Internet/Google Facebook

Event Phone Book Close to home/work Other _____

Person who referred you: _____

Chief Health Concern (reason you are here):

Previous treatments for this concern:

Is this condition interfering with:

Work Family Sleep Daily Routine Sports/Activities Quality of Life Other: _____

What other health practitioners you have seen?

Chiropractor MD Naturopath Physiotherapist Massage therapist Other: _____

Are you currently under the care of a physician or other health care professionals? Yes No

(If yes, please give name & date of last visit): _____

Other complaints or concerns: _____

Medications: _____

Surgeries: _____

Accidents: _____

Relevant Family History: _____

Previous chiropractic experience: _____

Any other information we should know? _____

Developmental History: At what age did the child: Hold Head Up _____ Push-up to Hands _____ Roll Over _____
Sit Unassisted _____ Stand _____ Crawl _____ Walk with Assistance _____ Walk without Assistance _____

Childhood Health History: Circle All That Apply

Allergies	Concussion	Heart Problems	Polio
Anemia	Convulsions	Hernias	Rheumatic Fever
Arthritis	Diabetes	Hyperactivity	RSV
Asthma	Diarrhea	Measles	Rubella
Backaches	Digestive Disorders	Multiple Sclerosis	Scarlet Fever
Bed Wetting	Dizziness	Mumps	Sinus Trouble
Behavioral Issues	Ear Infections	Muscular Dystrophy	Skin Issues (Eczema, Hives, Rash)
Broken Bones	Epilepsy	Nervousness	Stomach Aches
Chicken Pox	Fainting	Neuritis	Tuberculosis
Constipation	Growing Pains	Numbness	Whooping Cough

Are you currently following the CDC recommended vaccine schedule: ___ Yes ___ No ___ Delayed

Immunizations Received(if different from CDC rec.) _____

Birth History

Type of Birth: Vaginal _____ Forceps _____ Breech _____ Scheduled Cesarean _____ Emergency
Cesarean _____ Home _____ Birthing Center _____ Hospital _____

Was there presence at birth of: _____ Jaundice (yellow) _____ Cyanosis (blue) APGAR Score: _____

Problems during Pregnancy: _____

Problems during Labor/Delivery: _____

Congenital Anomalies/Defects: _____

Infant Feeding & Length of Time: _____ Breast _____ Bottle _____ Formula Brand: _____

Does the child consume any of the following: Dairy Wheat Meat Artificial Flavors Artificial Colors Soy Processed
Nutritional Supplements _____

No. of Hours Sleep per night: _____ Quality of Sleep: _____ Good _____ Fair _____ Poor

Obstetrician/Midwife: (name) _____ (location) _____

Pediatrician/Family MD: (name) _____ (location) _____

Date of last visit to MD: _____ Purpose: _____

Has your child ever been treated on an emergency basis? Y N Describe: _____

Any household pets or other animals you or family members are in close contact with: _____

Informed Consent

It is important to acknowledge the difference between the health care specialties of Chiropractic, Osteopathy and Medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the Chiropractic Doctor's procedures often depends on environment, underlying causes, physical and spinal conditions of the patient. It is important to understand what to expect from Chiropractic health care services.

ANALYSIS

A Doctor of Chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of a Vertebral Subluxation Complex (VSC). When VSCs are found, Chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the Chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no Doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS

Although Doctors of Chiropractic are experts in Chiropractic diagnosis, the VSC, they are not internal medical specialists. Every Chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your Doctor of Chiropractic may express an opinion as to whether you should take this step, but you are responsible for the final decision.

INFORMED CONSENT TO CHIROPRACTIC CARE

A patient, in coming to the Doctor of Chiropractic, gives the Doctor permission and authority to care for the patient in accordance with the Chiropractic tests, diagnosis and analysis. The Chiropractic adjustment or clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The Doctor, of course, will not give a Chiropractic adjustment if he/she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known or learn from healthcare procedures whatever he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention to the Doctor of Chiropractic. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The Doctor of Chiropractic provides a specialized, non-duplicating health service. The Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

RESULTS

The purpose of Chiropractic services is to promote natural health through reduction of the VSC. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the Chiropractic procedures. Sometimes the response is phenomenal. In most cases, there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same Chiropractic care. Many medical failures find quick relief through Chiropractic. In turn, we must admit that conditions that do not respond to Chiropractic care, may come under the control or be helped through medical science. The fact is that the science of Chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

TO THE PATIENT

Please discuss any questions or problems with the Doctor **BEFORE** signing the Consent to Treat

I, _____ have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I understand that any nutritional counseling is strictly a recommendation. I therefore accept care on this basis.

Patient Signature : _____ Date: _____

Consent to evaluate and give care to a minor

I, _____ being the parent or legal guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive care. I understand that any nutritional counseling is strictly a recommendation

Guardian Signature: _____ Date: _____

Doctor Signature: _____ Date: _____