

Pediatric Consultation Information

Welcome To Our Practice! Please Complete All Questions

Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	City, Prov. & Postal Code:
Home Phone:	Birth Date (dd/mm/year):

Details of the Birth:

What was your child's birth like? _____
 How long was the entire labour? _____ How long did you actually push? _____
 Were you induced? Yes No Nerve Block? Yes No C-Section Yes No
 Forceps or Vacuum extraction used? Yes No Was there any pulling on the head? Yes No

Accidents and Falls

When was your child's most recent fall? _____
 Was any care given? _____ Was he/she seen by a chiropractor? _____
 Were there any falls before that? _____ When? _____ Care given? _____
 What sports or recreational activities does your child participate in?

 When was your child's most recent stress, strain, or injury while doing these activities?

Any care given? Yes No
 Has your child been involved in a motor vehicle accident as a passenger? Yes No
 Describe: _____

 Any treatment received? _____ Chiropractic? Yes No

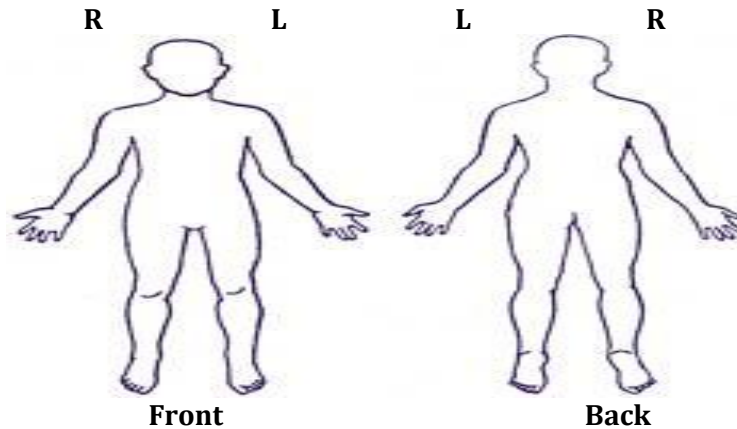
General Health

Does your child have any health concerns? Yes No
 Please list: _____

 If so, for how long? _____
 How often does this health issue affect your child? _____
 Any medications? Yes No
 If so, please list: _____

 Who is your medical Doctor (if applicable)? _____

Please outline the area of discomfort



TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to obtain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body’s correction of spinal nerve interference. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of infirmity.

Vertebral Subluxation: Also known as spinal nerve interference. A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body’s innate ability to express its maximum potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic examination, we encounter nonchiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY OBJECTIVE** is to eliminate a major interference to the expression of the body’s innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____, being the parent/legal guardian of _____
 Have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care. All questions regarding the doctor’s objectives pertaining to my child’s care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care for them on this basis.

Signature

Date