Elements Health CHIROPRACTIC INTAKE- CHILD

Must be filled out by parent/guardian.

Name: _____ Date of Birth: _____

Parent's Name: _____

Medical Doctor: _____ Last Visit to MD: _____

PREGNANCY

Did you carry to full term (40 weeks)? ☐ Yes ☐ No, _____ weeks

Did you take any medications during your pregnancy? ☐ No ☐ Yes, list: _____

Describe any complications and when they occurred: _____

DELIVERY

Delivery:
☐ Vaginal Birth ☐ Caesarean Section
☐ Medical Doctor/ Obstetrician ☐ Midwife
☐ Hospital Birth ☐ Home Birth

Other Information: ☐ Induction ☐ Epidural ☐ Forceps ☐ Vacuum Extraction

Describe any complications during delivery: _____

CHILDHOOD

Breastfed: ☐ Bottle Fed: ☐ Formula: _____

Any concerns with feeding: _____

Number of hours of sleep per night? _____ hrs Quality of Sleep: ☐ Good ☐ Fair ☐ Poor

List any current medications or supplements your child is taking: _____

List any previous medications, for what conditions, and how many times it was prescribed: _____

List any emergency/hospital visits: _____

As a baby/toddler (birth-4 years), did any of the following occur?

☐ Significant falls
☐ Tumble down stairs
☐ Colic
☐ Play in "Jolly Jumper"
☐ Frequent colds
☐ Bed wetting
☐ Frequent fevers
☐ Frequent bouts of diarrhea
☐ Did not gain weight
☐ Sleeping problems
☐ Frequent ear infections
☐ Constipation
☐ Reaction to vaccination
☐ Involved in a car accident
☐ Other: _____

As a young child (5-12 years), did any of the following occur?

☐ Significant falls
☐ Fall off bicycle
☐ Sports accident
☐ Car accident
☐ Frequent colds
☐ Bed wetting
☐ Hyperactivity
☐ Asthma
☐ Allergies
☐ Other: _____
☐ Learning difficulties
☐ Scoliosis
☐ Leg/knee pains
☐ Stomach pains

As a child or adolescent, has your child experienced any of the following?

☐ Headaches
☐ Dizziness
☐ Ringing in the ears
☐ Asthma
☐ Hyperactivity/ADHD
☐ Weight gain/loss
☐ Arm/wrist pain
☐ Neck/back pain
☐ Sleeping problems
☐ Allergies
☐ Stomach problems
☐ Other: _____
☐ Foot/ankle/knee pain
☐ Tingling in the arms/legs
☐ Shoulder pains
☐ Fatigue
☐ "Growing Pains"

REASON FOR VISIT

☐ Health and/or spinal checkup? ☐ Correction and/or prevention of existing problem?

If your child has symptoms or a complaint, briefly describe the problem here: _____

_____

How and when did this problem start: _____

How often does s/he feel pain: ☐ Constant ☐ Comes and Goes

What aggravates the problem/symptoms? _____

What relieves the problem/symptoms? _____

Please describe any treatments and/or tests done for this problem, and the results: _____

_____

Is there anything else you would like us know? _____

elements health

CONSENT TO CHIROPRACTIC TREATMENT

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- Temporary worsening of symptoms – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- Skin irritation or burn – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- Sprain or strain – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- Rib fracture – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- Injury or aggravation of a disc – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

● Stroke – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.

Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does **not** establish that chiropractic treatment causes either damage to an artery or stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

_____

Name (Please Print)

_____ Date: _____ 20_____

Signature of patient (or legal guardian)

_____ Date: _____20_____

Signature of Chiropractor