SALUS
CHIROPRACTIC

Child History

Name _____ Date of Birth _____ Social Security #_____
Address _____ City, ST, Zip _____ Today's Date _____
Parent / Gardian Name _____ Health Insurance ☐ Yes ☐ No
Primary Insurance Holder's Name _____ Date of Birth _____

CHILD'S HEALTH HISTORY

Were there any complications in your pregnancy or delivery?
☐ No ☐ Yes: _____

Did your child have early health challenges such as colic?
☐ No ☐ Yes: _____

Did (or does) your child have ear infections frequently?
☐ No ☐ Yes: _____

Has your child had any spills or falls that concerned you?
☐ No ☐ Yes: _____

Does your child complain of headaches, back, or neck pain?
☐ No ☐ Yes: _____

Does your child have allergies?
☐ No ☐ Yes: _____

Does your child have a problem with bed-wetting?
☐ No ☐ Yes: _____

Does your child have difficulty concentrating?
☐ No ☐ Yes: _____

Does your child have frequent temper tantrums?
☐ No ☐ Yes: _____

Does your child have asthma?
☐ No ☐ Yes: _____

Are there any other health problems that concern you?
☐ No ☐ Yes: _____

Is your child currently taking any medications?
☐ No ☐ Yes: _____

DOCTOR'S NOTES

_____

_____

I attest that all of the above information is correct to the best of my knowledge.

_____
patient signature date

15004 Avery Ranch Blvd. A|200 ∽ Austin, TX 78717 ∽ 512 255 5252

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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. Each patient must understand both the objective and the method that will be used to attain it.

ADJUSTMENT *The adjustment is the specific application of forces that facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.*

VERTEBRAL SUBLUXATION *A misalignment of one or more of the 24 vertebra in the spinal column which causes a decrease in nerve function and alters the transmission of brain impulses. Gone untreated, subluxations result in a lessening of the body's innate ability to achieve its maximum health potential.*

HEALTH *The state of physical, mental and social well being, not just the absence of disease or infirmity.*

We do not offer to diagnose or treat any disease or condition other than vertebral subluxations. However, if during the course of a chiropractic spinal examination we encounter non-chiropractic or unusual findings, we will advise the patient. If the patient requires specific diagnosis or treatment of those findings, we will recommend that they seek the services of another health care provider who specializes in that area.

Our only objective is to eliminate the interference that hinders the body's innate ability to achieve maximum health. Our method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
PRINT NAME

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction.

Therefore, I accept chiropractic care on this basis.

_____
PATIENT SIGNATURE **DATE**

CONSENT TO EVALUATE AND ADJUST A MINOR CHILD

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 an initial chiropractic examination.

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Patient Acknowledgement and Receipt of Notice of Privacy Practices Pursuant to HIPAA and Consent for Use of Health Information

PATIENT NAME _____ DATE _____

The undersigned does hereby acknowledge that he or she has received a copy of this office's Notice of Privacy Practices Pursuant To HIPAA and has been advised that a full copy of this office's HIPAA Compliance Manual is available upon request.

The undersign does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal Law.

Dated this _____ day of _____, 20_____

By _____
PATIENT'S SIGNATURE

If patient is a minor or under a guardianship order as defined by State law:

By _____
SIGNATURE OF PARENT/GUARDIAN (CIRCLE ONE)