

Location of Birth: Hospital/Home
Birth Interventions: Forceps, Vacuum, Emergency C-section.
Apgar Score:
Genetic disorders / disabilities:
Birth weight:

Feeding History

Breastfed:	Y / N	How Long?
Formular fed:	Y / N	How Long?
Introduced solids at _____ months		
Introduced cows milk at _____ months		
Food/Juice, Allergies or Intolerance's:	Y / N	
List:		

Development History:

During the following times, your child's spine is most vulnerable to stress and should routinely be checked by a chiropractor for the prevention and early detection of vertebral subluxations (spinal nerve interference)

At what age was your child able to:

Respond to sound _____ Cross Crawl _____ Respond to visual stimuli _____
 Stand alone _____ Sit up _____ Walk alone _____

According to National Safety Surveys, approx 50% of children fall from a high place during the 1st year of life ie: bed, changing table, stairs, etc

Was this the case with your child?

Y / N List: _____

Has your child ever been involved in any high impact or contact sport, ie: Soccer, Rugby, Gymnastics?

Y / N List: _____

Has your child ever been in a car accident?

Y / N List: _____

Has your child been seen in an emergency basis?

Y / N List: _____

Any other traumas not described?

Any prior childhood disease?

Please sign below as authorisation of care for a minor by parent / guardian.

Signature/Name: _____

Date: _____



Cannon Hill Family Chiropractic Centre Informed consent to receive chiropractic care

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on my child by the doctor of chiropractic named below, and/or any other duly qualified and registered doctor of chiropractic working in the Cannon Hill Family Chiropractic Practice.

I acknowledge that I have had the opportunity to discuss with the doctor of chiropractic the nature and purpose of chiropractic adjustments and other therapeutic procedures used by the professional staff at Cannon Hill Family Chiropractic Centre and I understand that clinical results are not able to be guaranteed.

It has been explained to me in plain English, and I understand and acknowledge that, as in the practice of medicine and other healing arts, the practice of chiropractic carries with it some very slight risks. I do not expect the doctor of chiropractic to be able to anticipate and explain all possible risks and complications that may be associated with chiropractic care in my child's particular case and it is my desire to rely on the doctor of chiropractic to exercise judgement during the course of the procedure, based upon the facts then in evidence, to act in the best interest of my child at all times.

I confirm that I have read the above statement and I have also been given the opportunity to ask questions about content. It is my intention that this consent to chiropractic care form covers the entire course of treatment for my child's present condition and any future conditions(s) or well baby check-up.

Patient's Name

Parent's Name

Signature

Date

Doctor of Chiropractic

Signature

Date

CONSENT REGARDING PRIVACY

Cannon Hill Family Chiropractic Centre, needs to collect information about you for the primary purpose of providing quality service to you. In order to thoroughly assess, diagnose and provide chiropractic services, we need to collect some personal information from you. If you do not provide this information; we may be unable to provide care to you. This information will be used for:

- The administrative purpose of running the practice.
- Billing either directly or through an insurer or compensation agency.
- Use within the practice if discussing or passing your case to another practitioner within the practice for your ongoing management.
- Disclosure of information to your doctors, other health professionals or professionals to facilitate communication and best possible care for you.
- In case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your company.

We do not disclose your personal information to overseas recipients.

Cannon Hill Family Chiropractic Centre has a Privacy Policy that is available on request and is available in the Reception Area. That policy provides guidelines on the collection, use, disclosure and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to relevant other service providers, who are involved in your management. These may include (but not limited to) your doctor, teachers, specialists, insurers, solicitors or employers.

I, (Name) _____, have read the above information and understood the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure.

I understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interest of my assessment and healthcare progress.

I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate.

I understand that if, in accordance with the exceptions contained in the Act, access is denied for legitimate purposes, that the reason for this and possible remedies will be made available to me.

I have been provided with or have been given an opportunity to obtain a copy of **Cannon Hill Family Chiropractic Centre's Privacy Policy**.

Signed: _____

Printed Name: _____ Date: _____