



Welcome to Cannon Hill Family Chiropractic Centre,
 Is dedicated to inspiring Hope, through Kaizen,
 to promote Cellular Harmony
 with a focus on making improvements to Lifestyle that
 empowers individuals to experience their true potential.

PAEDIATRIC HISTORY FORM

Name:	
Address:	
Phone Number:	
Date of Birth:	
Parents Name:	
Email Contact:	
Siblings name:	
Purpose of coming in:	
How did you hear about our clinic?	
Other health problems:	
Other Drs seen for this condition:	Y/N
Prior Treatment:	
Family History of any Illnesses:	
Previous Chiropractor:	
Date of Last visit:	Reason:
Name of Pediatrician:	
Date of last visit:	Reason:
Are you satisfied with the care your child receives there?	Y / N

Number of doses of antibiotics your child has taken:

During the last 6 months _____

Total during his/her lifetime _____

Number of doses of other prescription medication your child has taken:

During the last 6 months _____

Total during his/her lifetime _____

Vaccination History: Any Adverse Reactions?

Prenatal History

Name of Obstetrician / Midwife:	
Complication during pregnancy:	Y / N
List:	
Complications during delivery:	Y / N
List:	
Ultrasound during pregnancy:	
Medication during pregnancy:	

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

CANNON HILL FAMILY CHIROPRACTIC CENTRE OFFICE POLICY



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COMMITMENT TO CARE:

At Cannon Hill Family Chiropractic Centre we believe that your healthcare is your responsibility. We will do our best to help you with your Chiropractic journey, but the commitment to care must be your priority, to allow the innate healing powers of your body to succeed.

ADJUSTMENT SCHEDULING:

To save time and give efficiency, we ask that all appointments are pre-scheduled. This patient scheduling allows us to offer you the days and times that you prefer to increase your healing powers. If an appointment is not pre-scheduled we can not guarantee times that are favorable to you.

RESCHEDULE CALL:

Should you miss your appointment, we will call within ½ an hour of the appointed time to reschedule with you. It is vital to maintain the recommended care plan therefore we will look for something in the same day, or next few days.

CANCELLED APPOINTMENTS:

Please notify the Office as soon as possible when unable to attend your appointment time. This allows the clinic to continue to run efficiently, and provide the highest care to all our patients.

FINANCIAL AGREEMENTS:

All office visits are to be settled at the time of the appointment.

To avoid misunderstandings, please inform us of any problem you may have in keeping your financial arrangements. Our Office Manager can be contacted to talk about the concerns you may have.

TRAINING & SEMINARS:

Our team prides itself on providing you the most up to date care. Therefore, from time to time we will be attending seminars, training and continue education programs. We will make available a chiropractor you can contact if required.

DISCOURAGEMENT:

Healing takes time. At any time if you are feeling discouraged please contact us to discuss your progress.

EDUCATION CLASSES:

To achieve optimum results while under care, education is very important. The Office will have classes to increase your awareness of many different areas of health. These classes, workshops or guest speakers will be advertised through out the office to give you plenty of notice, and allow you to attend. It is encouraged by our office to attend as many as you can as knowledge is the power in healing and optimum wellness.

PRIVACY POLICY:

Cannon Hill Family Chiropractic Centre is aware and adheres to the outlined Privacy Provisions. . For further information contact the Office Manager.

I have read the Office Policy for Cannon Hill Family Chiropractic Centre and agree to the above outlined policies and agreements.

Signature: _____ Printed Name: _____ Date: _____