



Dr. Erin McLaughlin, B.Sc., D.C. | Dr. Pierre Paradis, B.Sc., D.C.

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PEDIATRIC INTAKE FORM

WELCOME TO OUR OFFICE! PLEASE READ THIS ENTIRE FORM AND ANSWER ALL QUESTIONS.

Patient Name: _____ File #: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: _____

Date of Birth: (D) ____ (M) ____ (Y) ____ Age: ____ Gender: M F

Names of Parents/Legal Guardians: _____

HEALTH HISTORY

Purpose of this appointment: Spinal Check-up _____ Other: _____

Has this child had previous chiropractic care? Y N Other Dr's seen for this condition: Y N

Doctor's Name and prior treatments: _____

Other Health Concerns: _____

Pertinent Family History: _____

Number of antibiotics doses your child has taken: In past 6 months _____ In lifetime _____

Other prescription medications: Previously _____ Currently _____

Allergies/Intolerances: _____

Number of bowel movements per day: _____ Hours of sleep per night: _____

PRENATAL HISTORY

Ultrasounds during pregnancy: Y N Number: _____

Complications during pregnancy: Y N Describe: _____

Complications during delivery: Y N Describe: _____

Medications during pregnancy or delivery: Y N List: _____

Type of Delivery: _____ Vaginal _____ Forceps _____ Vacuum Extraction _____ Planned C-Section _____ Emergency C-Section

Cigarette/Alcohol use during pregnancy: Y N If Yes, how much: _____

Genetic disorders: Y N List: _____

Developmental disorders or challenges: _____

Breast-fed: Y N How long? _____ Formula-fed: Y N How long? _____

PAST HEALTH HISTORY

Automobile collisions: Y N Describe injuries: _____

Sports/recreational activities: _____

List any injuries (falls, broken bones, concussions, etc.): _____

Has your child ever been seen on an emergency basis? Y N Reason: _____

Other traumas not listed above: _____

Other illness/disease/condition not listed above: _____

Hospitalization or surgery: _____

Check any of the following that apply to your child: _____ Asthma _____ Allergies _____

Hyperactivity _____ Bed-Wetting _____ Ear Infections _____ Skin Problems _____ Difficulty

Sleeping _____ Colic _____ Constipation/Diarrhea _____ Nutritional Deficiencies

_____ Insufficient physical activity

The above information is true and accurate to the best of my knowledge.

Print Child's Name: _____

Print Parent's or Legal Guardian's Name: _____

Parent or Guardian's Signature: _____

Date Signed: _____



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CONSENT TO CHIROPRACTIC CARE

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

Chiropractic care includes adjustments of the spine or other joints of the body, soft-tissue techniques like stretching or trigger-point work, and exercise.

BENEFITS

Chiropractic care has been demonstrated to be effective for symptoms in the spine or other areas of the body related to nerve system function, including muscles, joints, and related soft tissues. Chiropractic care may relieve pain, including headaches and neck/back pain, altered sensation, muscle stiffness, tension, and spasm. It can also increase mobility and function, and reduce or eliminate the need for drugs or surgery.

RISKS

The risks associated with chiropractic care vary according to each patient's condition, as well as to the location and type of treatment provided, and may include:

- **Temporary worsening of symptoms** – An increase in any pre-existing pain or other symptoms typically lasts only a few hours to a few days.
- **Sprain or strain** – Typically, a muscle strain or ligament sprain will resolve itself within a few days to a few weeks with some rest, protection of the affected area, and/or other minor care.
- **Rib fracture** – While a rib fracture is painful and can limit activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment to the area.
- **Injury to or aggravation of a degenerated spinal disc** – A person can present to a Chiropractor with existing spinal disc degeneration or damage, of which they may not be aware due to lack of symptoms. Disc degeneration is an expected result of spinal wear and tear through accumulated small or large injuries to the spine, and also from chronic misalignment of the spine causing uneven breakdown in spinal joints. A person may not know that such a problem exists if it is not causing pain, or that such a condition is worsening if they only experience periodic neck or back problems.

Chiropractic care is not expected to cause damage to degenerated spinal discs. However, chiropractic care, like many common daily activities, may cause aggravation of such a condition.

The consequences of a spinal disc injury or aggravation of a pre-existing disc condition may vary with each patient. In the most severe cases, symptoms may include impaired spinal mobility, radiating pain and/or numbness/tingling into the arms or legs, impaired bladder or

bowel function, and impaired arm or leg function. Referral to other healthcare providers may be necessary, and other forms of treatment such as prescription drugs or surgery may be indicated.

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

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

Chiropractic care 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 already progressing toward a stroke when that patient consulted with a Chiropractor.

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.

Present scientific medical evidence does not establish that chiropractic care causes either arterial damage or stroke.

ALTERNATIVES

Alternatives to chiropractic care may include consulting with other healthcare professionals such as medical doctors, physiotherapists, or massage therapists. Your Chiropractor may prescribe rest without spinal adjustments, or exercise with or without spinal adjustments.

QUESTIONS OR CONCERNS

You are encouraged to ask questions at any time regarding your chiropractic assessment and/or care. Bring any concerns you have to your Chiropractor's attention. If you are not comfortable, you may stop care at any time.

Please be involved in and responsible for your care. Inform your Chiropractor immediately of any change in your condition or health status.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR

I acknowledge that I have discussed with the Chiropractor the assessment of my condition and the care plan. I understand the nature of the chiropractic care to be provided to me. I have considered the risks and benefits of, as well as the alternatives to, this care.

I consent to chiropractic care as recommended to me.

Patient signature: _____ Date: _____

Patient printed name: _____

Chiropractor signature: _____ Date: _____

Chiropractor printed name: _____

File #: _____



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****Please bring this form with you to your next appointment****

Chiropractic Health Insurance

Most insurance companies provide an allowance for chiropractic care. In order to give you more information about your insurance coverage, please contact your insurance company (and your spouse's insurance company if applicable) and ask the following questions:

Patient Name: _____ **Date:** _____

1. Insurance company's name?

2. A. How much participation per year for chiropractic care? B. Deductible?

3. What is the renewal date (ie: January 1st of each year)?

Spouse Information (if applicable)

1. Insurance company's name?

2. A. How much participation per year for chiropractic care? B. Deductible

3. What is the renewal date (ie: January 1st of each year)?
