



DOUGLASDALE FAMILY CHIROPRACTIC CENTRE

Youth Introduction Form (7-17 years)

Today's Date: _____

Last name: _____
First name: _____
AHC#: _____
Date of birth: _____
Current age: _____
Gender: Male Female
Current grade: _____
School: _____
Parents names: _____

Address: _____
City: _____
Province: _____
Postal code: _____
Home phone number: _____
Cell phone number: _____
Parents cell phone numbers: _____
Parents Email: _____

Have you ever seen a Chiropractor? If yes, who with & date of last visit: _____

How was your previous Chiropractic experience? _____

Who referred you to our office? _____

Physical History

Reason for seeking care:	Wellness checkup	Maintenance	Specific Symptom	Auto Accident
If you current have a specific symptom, what is it?	_____			
What date did the specific symptom appear?	_____			
How long has it been since you really felt good?	_____			
What is the goal you'd like to achieve by having your health restored?	_____			

Please list any of the following injuries and their dates:

Auto: _____ Work: _____
Sports: _____ Other: _____

Is this condition getting progressively worse?	Yes	No	Constant	Comes and Goes
Does it interfere with your:	School	Sleep	Daily Routine	Ability to enjoy life
Do you currently use orthotics?	Yes	No		
Hospitalizations or surgeries:	No	Yes	Explain: _____	
Do you play sports?	No	Yes	Explain: _____	
School backpack:	Heavy	Light	Carried on one shoulder?	Yes No

Any secondary complaints? _____

Chemical History

Please list any vitamins or supplements you are taking: _____

Have you ever been vaccinated: No Yes Comments: _____

Any reactions to vaccines? _____

Are you taking medications or antibiotics? No Yes Explain: _____

Emotional History

Please let us know about any recurring stress, loss or abuse in your life that we need to be made aware of: _____

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Youth Introduction Form (7-18 years)

Have you ever suffered from or are currently suffering from any of the following:

Dizziness	Diabetes	Bleeding Nose	Jaundice
Anemia	Poor Appetite	Bed Wetting	Fainting
Backaches	Neck Problems	Joint Problems	Tuberculosis
Headaches	Digestive Disorders	Rheumatic Fever	Hyperactivity
Convulsions	Walking Problems	Arm Problems	Blood Disorders
Heart Trouble	Hypertension	Asthma	Sinus Trouble
Orthopedic Problems	Sugar Concentration	Paralysis	Broken Bones
Leg Problems	Stomach Aches	Chronic Earaches	Colds / Flus
Allergies	Constipation	Diarrhea	A.D.D.
Behavioural Problems	Muscle Jerking	Ruptures / Hernias	"Growing Pains"

Other: _____

Parents Signature: _____ Date: _____

Youths Signature: _____ Date: _____

Please do not write in the space - for office use only



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)

Signature of patient (or legal guardian)

Date

Name of Chiropractor

Signature of Chiropractor

Date