

# Welcome To Our Office

## Outline of Procedures for New Patients:

### Step 1

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All new patients are requested to fill out a confidential “**Patient Health Record**”.

### Step 2

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Your first “**Consultation**” with the doctor to discuss your health problems.

### Step 3

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You will receive a “**Chiropractic Examination**” to determine if chiropractic care is appropriate for your condition.

### Step 4

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You will receive an in-depth, technologically-advanced assessment of your nerve and energy system to determine how well your brain is communicating with your body. Any interference to this communication may be measured by **surface electromyography** which studies muscle function, **thermography** which illustrates inflammation and autonomic nervous system function. Other tests include **Digital Range of Motion** which measures joint function; **Algometer** which measures sensory nerve function; **Pulse wave profile** which illustrates overall health and autonomic nervous system function. A **palpation analysis** will be performed to feel taut and tender fibers and abnormal movements in the spine. As well, if indicated, **x-rays** will be taken to visualize the location of spinal problems.

### Step 5

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Home instruction will be provided.

### Step 6

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You will be advised as to a time you can return for your “**Report of Findings**” when your doctor will inform you as to your examination results and whether or not your case has been accepted. If accepted your recommended treatment program will be explained to you. You will also be advised concerning financial arrangements and insurance coverage as appropriate.

### Step 7

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Chiropractic care will be administered.

### Step 8

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**Wellness Workshop:** a lecture that covers the benefits of chiropractic care. Patients who attend this workshop tend to get better results, in a shorter amount of time. This workshop helps our patients reach their full potential in life and health.

### Step 9

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Chiropractic care will begin and continue as scheduled until your condition has been fully corrected, or until the maximum possible improvement has been obtained. Many patients then choose wellness care where chiropractic is an integral part of helping people experience health and vitality in any dimension of life.

***To save time and allow us to better serve you, please complete all questions on the next pages. Thank you!***

# Pediatric Health History Form

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mother: \_\_\_\_\_ DOB: \_\_\_\_\_ Father: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Ph#: \_\_\_\_\_ Father's Employer: \_\_\_\_\_ Ph#: \_\_\_\_\_  
 Student:  Yes  No Who may we thank for referring you to our office? \_\_\_\_\_

### Why This Form Is Important:

In this office, our focus is on helping people to function optimally so that they are stronger, healthier and better able to adapt to the stresses of everyday life. This form gives us a better understanding of the physical, chemical and emotional stresses that can gradually accumulate over time to produce health problems. Please complete this form as thoroughly as possible and the doctor will review it with you.

If you have no symptoms or complaints, and are here for wellness services, please check (✓) here \_\_\_\_\_ and skip to **"Family Health History"**. Those who have symptoms or complaints need to briefly describe the chief area of complaint, including the affect it has had on your life.

### Current Health Concern

Health Concern: \_\_\_\_\_  
 When did it begin? \_\_\_\_\_ How often does it occur? \_\_\_\_\_  
 What relieves it? \_\_\_\_\_  
 What aggravates it? \_\_\_\_\_  
 Other Professionals Seen For Concern: \_\_\_\_\_  
 Treatment and Results: \_\_\_\_\_

### Birth History

Child's gestational age at birth \_\_\_\_\_ weeks Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_  
 Birth experience:  Midwife  Medical Labor:  Spontaneous  Induced  
 Any procedures during birth?  Forceps  Vacuum Extraction  C-section  Episiotomy  
 Any complications before or after birth?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Evidence of obvious birth trauma?  Bruising  Odd shaped head  Stuck in birth canal  Cord around neck

### Family Health History

Please note any health issues that are present with family relations:  
 Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_  
 Father: \_\_\_\_\_ Mother: \_\_\_\_\_

In this office we will perform a thorough assessment of your child's spine to locate areas of **Vertebral Subluxations**. Subluxations are the areas of dysfunction in the spine that interfere with the healthy connection between the nervous system and all the different parts of your body. This will result in compromised health and reduced energy to the tissue which that part of the nervous system supplies. Subluxations are caused by *physical, chemical* and *mental/emotional* stresses that overwhelm the nervous system and spine. Please complete the next page of this form to the best of your ability. This will help us to determine the causes of the subluxations we may find.

**Physical Stresses**

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Any significant falls or trauma to the mother during pregnancy?  Yes  No  Unsure  
For the child, were there any falls from couches, beds, change tables, etc?  Yes  No  Unsure  
Any hospital visits for concussions, possible fractures or other traumas?  Yes  No  Unsure  
Have there been any surgeries?  Yes  No  
If yes, please explain: \_\_\_\_\_  
Is a backpack worn?  Yes  No If yes, is it  heavy or  light?  
Does your child participate in sports?  Yes  No  
Any hobbies or activities which require prolonged, awkward or repetitive postures? (i.e. violin, gymnastics, etc.)  
 Yes  No  Unsure

**Chemical Stresses**

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During pregnancy, did the mother: – use medications?  Yes  No If yes, which ones? \_\_\_\_\_  
– smoke?  Yes  No  
– drink?  Yes  No  
Was the child breast-fed?  Yes  No If yes, how long? \_\_\_\_\_  
Formula introduced at what age? \_\_\_\_\_  
Began solid foods at what age? \_\_\_\_\_  
Vaccination history: Vaccinations given: \_\_\_\_\_  
Any reactions?  Yes  No If yes, please list: \_\_\_\_\_  
Has the child been or is the child currently on any medications?  Yes  No  
If yes, please list: \_\_\_\_\_

**Mental/Emotional Stresses**

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Any problems with bonding?  Yes  No  Unsure  
Any behavioral problems?  Yes  No  Unsure  
Any night terrors, sleep walking, difficulty sleeping?  Yes  No  Unsure  
Average number of television hours per week? \_\_\_\_\_  
Do you feel that your child's social and emotional development is appropriate for their age?  Yes  No  Unsure

**Why Chiropractic Care?**

People go to a Chiropractor for a variety of reasons. Some go for symptomatic relief of a condition (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with chiropractic care (Preventative Care). These are the three phases of care. Your doctor will weigh your needs and desires when recommending your schedule of care. However, the prepared recommendation is an incorporation of all three phases. How long you choose to benefit from Chiropractic is always up to you.

Please check the type of care desired so that we may be guided by your wishes whenever possible:  
 Preventative Care – Life Enhancement and Wellness Care  
 Corrective Care – Removing Cause and Remodeling Soft Tissue  
 Relief Care – Band-Aid Care Only  
 Check here if you want the doctor to select the type of care appropriate for your condition.

**Authorization For X-ray and Chiropractic Evaluation/Care of a Minor (Under 18 Years of Age)**

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I hereby authorize the x-ray & chiropractic evaluation and care of my child by your chiropractic clinic.  
Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_