FOOTHILLS FAMILY CHIROPRACTIC

CHIROPRACTIC NEW PATIENT
CHILD HEALTH HISTORY

Name:_____ Birth date: (M/D/Y) ___/___/_____

Parent/Guardian Name(s):_____

Address: _____Age: _____

City:_____ Province:_____ Postal Code: _____

Home Phone: (____)_____Cell Phone: (_____)_____

Email Address:_____

Alberta Health # :_____ Sex:____ Weight:_____ Height:_____

Who referred you to the office? _____

Purpose for contacting us:_____

Date Problem Began:_____

Others seen for this Problem:_____

Name of Pediatrician/GP:_____Midwife/Doula: _____

Delivery History:

Location of Birth: O Hospital O Birthing Center O Home APGAR Score:_____

Birth Intervention: O Forceps O Vacuum Extraction O Cesarean Section

Complications during delivery? YES NO List:_____

Genetic Disorders or disabilities? YES NO List:_____

Food allergies or Intolerances: YES NO List:_____

Vaccination History: _____

Sleep Pattern Normal: Y N **Bowel Movements Normal: Y N**

Has your child had any major falls/injuries/accidents? YES NO Explain:_____

_____

_____

Has your child ever been involved in a car accident? YES NO List: _____

_____

_____

Please **check (✓)** any of the following conditions that are a current problem, and underline and that were a problem in the past.

- Fatigue
- Difficulty sleeping
- Dizziness
- Fainting
- Nose bleeds
- Ear aches
- Sore throat
- Chronic cough
- Enlarged glands
- Loss of weight
- Poor appetite
- Junk food
- Excessive appetite
- Nervousness
- Depression
- Confusion
- Hyperactivity
- Behavioral problems
- Frequent colds/flu
- Epilepsy
- Stomach aches
- Hernias
- Colic
- Extreme fussiness
- Screaming/crying
- Night terrors
- Difficulty nursing
- Preferred side nursing
- Head tilting to one side
- Fussing in specific positions
- Lack of head/neck movement
- Seizures
- Constipation
- Diarrhea
- Anemia
- Thyroid
- Vomiting
- Skin eruptions
- Eczema
- Sore muscles
- Sore joints
- Growing pains
- Muscle cramps
- Muscle jerking
- Back problems
- Neck problems
- Painful tailbone
- Pain between shoulders
- Spinal curvature
- Arthritis
- Clicking jaw
- Difficulty chewing
- General stiffness
- Feet turn in/out
- Coordination problems
- Headaches
- Toe-walking
- Ear Infection
- Scoliosis
- Seizure
- Chronic Colds
- Headaches
- Asthma/Allergies
- Digestive Problems
- ADHD
- Growing/Back Pains
- Bed Wetting
- Temper Tantrums

Other _____

Please indicate any family history conditions (Ex. Cancer, Diabetes, Heart Problems, Connective Tissue Disorder, Arthritis, Back Pain)

Father: _____ Mother: _____

Brother(s):_____ Sister(s): _____

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION
CONSENT TO CHIROPRACTIC TREATMENT – FORM L

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.

Patient Name (Please Print)	**Signature of Patient or Legal Guardian**	**Date**

Dr. Kristi Brehon, D.C.	**Date**

OFFICE POLICIES

Payment Options: Payment is due at that time of service. Methods of accepted payment are: Cash, cheque, Interac, Visa, Mastercard. (*Please make cheques payable to Dr. Kristi Brehon)*

Appointment Reminders: It is your responsibility to keep track of your appointments. As a courtesy, we will do our best to remind you of your appointments at your request.

Direct Billing/Insurance: We will direct bill for seniors under the Alberta Blue Cross Group 66 plan and motor vehicle accident claims. We do not direct bill to insurance companies. We will provide you with a receipt for our services that you can submit to your insurance provider at your convenience. Please familiarize yourself with your specific coverage limitations so you can better utilize your plan to its maximum benefit.

Late Cancellation and No-Shows: Your appointment is valuable time that your practitioner has reserved for you. A minimum 4-hours notice is required to cancel or reschedule appointments. **There is a $20.00 late cancellation/no-show fee** if you choose not to attend your scheduled appointment or if insufficient notice is given for a cancellation.

I have read and understand the above noted policies.

_____ _____

Patient Signature (Parent/Guardian if under 18 years of age) Date

_____ _____

Witness Signature Date