

CURRENT HEALTH INFORMATION

Why is your child consulting our office (check all that apply)?

Spinal and wellness check-up

Specific problem: _____

Yes No N/A Has your child had same or similar symptoms/behaviors in the past?

Explain: _____

Yes No N/A Have you seen other doctor(s) for these symptoms/behaviors?

Doctor(s) name: _____

Type of treatment: _____

Results: _____

Does your child's current health interfere with:

Daily routine Sleep Other activities: _____

Explain: _____

Do you want better health for your child on a long-term or temporary basis?

Long-term Temporary

Are you willing to commit to do what it takes to achieve this? Yes No Depends

CHILD'S HEALTH HISTORY

Please check (✓) each of the conditions that the child currently has or has had in the past. While they may seem unrelated to the purpose of the appointment, they can affect the overall diagnosis and treatment.

Allergies

Recurring Fevers

Digestive problems

Seizures

Sleeping Difficulties

Headaches

Vision problems

Constipation

Irritability

Temper Tantrums

Bed Wetting

Poor Posture

Asthma

Diabetes

Neck/back pain

Attention/Hyperactivity problems

Ear infections/problems

Scoliosis

Breathing problems

Frequent colds

Skin problems

Colic

Other: _____

CHILD'S CURRENT HEALTH STATUS

Yes No Is your child accident-prone?

Yes No Has your child been hospitalized or had surgery?

Yes No Has your child ever had a severe fall?

Yes No Was your child ever involved in a car accident?

Yes No Is your child currently taking any medication?

If yes, what: _____

Yes No Does your child have difficulty interacting with schoolmates or friends?

Yes No Have you or anyone else noticed that your child is nervous, twitches, shakes, or exhibits rocking behaviour?

According to the National Safety Council, approximately 50% of children fall head first from a high place during the first year of life (e.g. a bed, changing table, down stairs, etc). Was this the case with your child? Yes No

Is / Has your child been involved in any high impact contact sports (e.g. soccer, football, gymnastics, baseball, cheerleading, martial arts, etc)? Yes No

Please list: _____

Yes No Are there any other conditions, surgeries or traumas not described above?

Please list: _____

AWARENESS OF CHIROPRACTIC PRINCIPLES

Were you aware that:

Yes No Doctors of Chiropractic work with the nervous system?

Yes No The nervous system controls all bodily functions and systems?

Yes No If Chiropractic care starts at birth, you can achieve a higher level of health throughout life?

It is a pleasure to welcome you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family feel more comfortable. We look forward to working with you to build better health for your family.

FOR DOCTOR USE ONLY

PRESENTING COMPLAINT:

INTENSITY/CHARACTER:

mild moderate severe

ONSET:

AGGRAVATING:

LOCATION:

RELIEVING:

RADIATION/REFERRAL:

No pain radiation/radicular sx's noted

ASSOCIATED / SECONDARY S&S:

FREQUENCY:

PAST/FAMILY HISTORY:

DURATION:



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.
- **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)

Date: _____ 20____.

Signature of patient (or legal guardian)

Date: _____ 20____.

Signature of Chiropractor

Date: _____ 20____.