Children's personal health profile

IN-LINE
FAMILY CHIROPRACTIC
2318 Lakeshore Rd. W., Suite 1, Oakville, ON

Name:			Date:
Address:	City:		Postal Code:
E-mail Address:	Home Phone: ( )		Parent's Work Phone: ( )
Gender: □ M □ F	Date of Birth: MM DD YY	Age:	Parent's Cell Phone: ( )
Parents'/Guardians' Names:			Who is your family MD? Phone number:
How were you referred to our office?	Have you ever received chiropractic care before? □ No □ Yes Date of last visit? Years under care?		Who was the Doctor? Where was the Doctor?
Extended Health Insurance: □ No □ Yes Company:	$ Participation / Year:		Renewal Date (ie.Jan 1):

Please take a moment to complete the following questions that are designed to maximize your child's health. Many types of stress (physical, mental, chemical) can interfere with your child's growing spine and nervous system. Spinal health is an exciting new concept for many people, so please remember to ask questions.

1. Is this visit for a wellness checkup and prevention or a specific concern? _____

   If there is a specific concern please describe:_____

2. Circle Appropriately:
   Birth Place: Home/ Hospital Type: Vaginal/ C-Section/ Breech

   Procedures: Forceps/ Vacuum Extraction/ Induced/ Other _____

3. Which Contact sports does your child participate in? Circle Appropriately:
   Soccer / Football / Gymnastics / Karate / Hockey / Basketball / Dance / Other
   _____

4. According to the National Safety Council, approximately 50% of infants fall from a high place (bed, changing table, etc.) during their first year of life. Has this happened to your child? ❒ Yes ❒ No

5. In your child's whole life, what were his/her 5 most serious physical traumas/stresses (eg. automobile jarring/impacts, school stress, recreational activities, sports, falls)

Trauma	Date of trauma
1)	
2)	

3)	
4)	
5)	

6. Check any of the following conditions your child has suffered from during the past year:

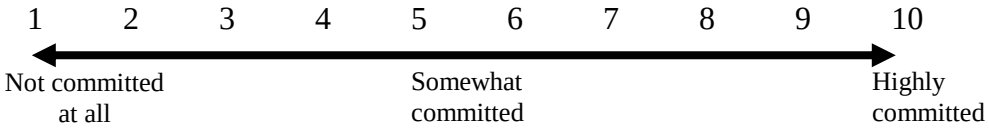
❒ Ear Infections	❒ Scoliosis	❒ Seizures	❒ Chronic Colds	❒ Headaches
❒ Asthma/Allergies	❒ Digestive Problems	❒ ADHD	❒ Recurring Fevers	❒ Temper Tantrums
❒ Growing or Back Pains	❒ Colic	❒ Bed Wetting	❒ Car Accident	❒ Other _____

7. How many prescriptions of antibiotics has your child taken in the last year? _____
   Estimate how many in your child's lifetime: _____

8. How many other prescription or over the counter medications has your child taken in the last year? _____
   Please name them: _____

9. How many different vaccinations has your child had in their lifetime? _____

On a scale of 1 to 10 (10 being the highest), rate your commitment if chiropractic care can help correct this problem or prevent future health problems *(circle number):*



A comprehensive spinal health exam will be performed to determine if your child as any functional or structural spinal problems. Spinal misalignments at an early age can cause nervous system stress (vertebral subluxation complex) that can interfere with your child's optimum health and immune function. Chiropractic care helps your child's growing spine and improves their health naturally.

_____ _____

Parent/Guardian Signature Date