

PATIENT INFORMATION

ABOUT PAEDIATRIC CHIROPRACTIC:

Chiropractic care for children has a remarkable safety record. Studies done into paediatric chiropractic have failed to find any consistent evidence of serious adverse reactions. In rare cases mild irritability after the adjustment has been recorded.

Chiropractic care for children is gentle and is not painful. Your baby may be unaware of what is happening during the consultation and this may be a reason for any tears. The amount of pressure used to treat a baby is no more than the pressure you would use putting your finger in your eye comfortably. Paediatric patients are very flexible and have a much broader range of motion than adults, any assessment or treatment procedures are performed within a baby's normal range of motion.

At Shambrook Family Chiropractic we are committed to the safest and most effective methods of restoring normal functioning in your baby. You will notice that chiropractic for children is very different than for adults. Babies in particular need very little pressure to make necessary changes and achieve the desired result. Babies also do not have years of damage to their spines and therefore respond much faster than adults.

The majority of newborn complaints will be from the birth process or soon after, the sooner this is corrected from the time of birth, the better your baby will be. In fact studies have shown that even a normal, uncomplicated birth can result in neurological or biomechanical abnormalities in nearly 80% of births.

Chiropractic for babies has been shown clinically to improve feeding and latching issues, poor suck and poor reflexes, irritability/colic, sleep issues, postural distortions, delayed developmental milestones, learning and behavioural problems. As more money is invested into chiropractic research, the evidence is building overwhelmingly in support of paediatric chiropractic.

DECLARATION:

I have read the above information and have noted any question I wish to discuss with my Chiropractor. I hereby give consent for my child to receive Chiropractic by any of the Chiropractors at Shambrook Family Chiropractic and I acknowledge that I can ask questions at any time and revoke my consent to care at any time.

Patient's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Chiropractor's Signature: _____

Date: _____

Please Print

Child Patient Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

Parent Name(s): _____ Are they the child's guardian? Yes No

If no, name of guardian(s) _____

Address: _____ Town/City: _____ Postcode: _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Who referred you to our clinic: _____

Your baby's symptoms: 1. _____
2. _____
3. _____
4. _____

How long has this existed for? _____ Is it getting better, worse or staying the same? _____

Have you had a previous diagnosis? No Yes, details: _____

Are you undergoing treatment, if so details: _____

Is your child taking any medication?

Drug/medication Names	Reasons for use

Has your child had any injuries or falls? No Yes 1. _____
2. _____
3. _____

Has your child had any other medical treatment or procedures done?

PRE-BIRTH HISTORY

Mothers Age: _____

Previous Pregnancies: No Yes Number: _____

Ultrasounds: No Yes Number: _____

Foetal Issues: No Yes

Medication taken: No Yes, details _____

Illicit Drugs: No Yes, details _____

Cigarettes: No Yes

Alcohol: No Yes

Caffeine: No Yes

BIRTH HISTORY

Length of pregnancy: _____

Were you induced? No Yes
 Birth Place: Hospital Home Other _____
 Vaginal Birth: No Yes Memb Rupture: No Yes
 Forceps: No Yes Vacuum: No Yes
 Epidural: No Yes Traction: No Yes
 Labour Medication: No Yes

Length of Labour: Contractions: _____
 Pushing: _____
 Placenta: _____

C-Section: No Yes Planned Emergency
 Presentation: Anterior Posterior Transverse Breech

POST-BIRTH HISTORY

Resuscitation needed: No Yes
 5min APGAR: _____ Birth weight: _____ Birth Length: _____ Head Circumference: _____
 Genetic disorders: No Yes, details _____
 Did your baby receive any medication: No Yes, details _____
 Jaundice Lights: No Yes

FEEDING HISTORY

Breast Feeding: No Yes _____
 Does your baby fuss when feeding? No Yes
 Pull off & Arching: No Yes
 Pull off & Shaking Head: No Yes

Sucking Ability: _____

Swallowing/coughing/dribbling: _____ Time Taken: _____

Falling Asleep whilst feeding: No Yes, how often: _____

Reflux or Projectile Vomiting: No Yes, how often: _____

Wheeze: _____

Solids: No Yes
 Cows milk: No Yes
 Wheat: No Yes

Food intolerances or allergies: _____

How often does your baby poo? _____ Is it loud or quiet? _____

How many wet nappies per day? _____

SLEEP PATTERNS

Night: _____

Day: _____

GENERAL

Prolonged Crying: No Yes, details _____
 Response to: Dressing: _____
 Nappy Change: _____
 Bath: _____

Do you feel your baby is calm and content: No Yes

DEVELOPMENTAL MILESTONES

At what age did your child reach the following milestones?
 Reaching for objects: _____ Propping himself up on his tummy: _____
 Playing with his own two hands: _____ Started to roll over: _____
 Will sit up when pulled by hands: _____ Rolling fully: _____
 Sit alone and go into crawl position: _____ Sitting on own and crawling: _____
 Standing on furniture: _____ Starting to walk: _____
 Lower from standing: _____ Walk along furniture: _____
 Drink from a cup: _____

Any other comments you would like to make?

Dr Comments:

