

Westheights Chiropractic Clinic

Dr. Robert Kniess, B.Sc., D.C.
Dr. Ryan Rullitis, B.Sc., B.H.K., D.C.
Dr. Aaron Beaudry, B.Sc., D.C.

Date:
Patient No.

Child Health History Form

Personal History

Name _____

Address _____ City _____ Prov. _____ Postal Code _____

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

E-mail _____ Height _____ Weight _____

Date of Birth (d/m/y) _____ Age _____ Sex: M F

Parent's Name(s) _____ Ages of Other Children _____

Past Chiropractic Care? Y N If yes, when was your last visit _____ Results _____

Name of Previous Chiropractor (if you had one) _____

Name of Medical Doctor (if you have one) _____ City _____

Date of Last Visit _____

Have you had X-rays taken in the last 12 months? Yes No

If yes, where were they taken? _____

Referred to us by _____

Why this Form is Important:

Our office focuses on your child's ability to be healthy. Our goals are to first address the issues that brought you and your child to this office, and second, offer the opportunity to improve your child's health potential in the future. Life activities include events that cause damage. This damage builds layer upon layer even to levels at which you may **not yet be aware**. Research is showing that many of the health challenges that occur later in life have their origins during the developing years, some starting at or before birth. We need to know what your child's layers of damage contain, so we ask you to carefully and completely fill out this detailed and important form.

Current Health Concerns

Please check here, if you have no symptoms or complaints and are here for wellness care.

Major Concern(s) _____

Minor Concern(s) _____

When did this problem begin? _____ Has it occurred before? Yes No

What makes it worse? sitting standing bending lifting walking lying down
 cold dampness other _____

What makes it better? sitting standing bed rest cold heat massage
 medication other _____

Is it getting? worse better constant comes and goes

Is the problem worse during a certain time of day? Yes No If yes, when _____

Does this interfere with school? sleep? daily routine? quality of life?

Have you seen anyone else for this concern? Yes No If yes, who? _____

Type of Treatment _____ Results _____

Labour and Delivery

Hospital with doctor Hospital with Midwife Home with Midwife

Breach Caesarian Fetal Monitor Used

Medications Forceps Length of delivery _____

Complications. Please describe _____

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Prenatal & Infant History

Number of Ultrasounds given during pregnancy_____

Duration of pregnancy in weeks_____ APGAR Score at birth_____

Birth Length_____ Birth Weight_____

Please check any problems the patient had at birth:

- Jaundice
- Cyanosis
- Choking
- Other_____

Nutritional History

Please check if the patient received any of the following:

- Breast Milk, how long_____
- Commercial Formula
- Cow's Milk
- Goat's Milk
- Solid Food
- Sweets
- Fruit Juice
- Vitamins
- Medication
- Other_____

Developmental History

There are six times during the baby's first year of life when the spine is especially vulnerable to stress and should be examined by your Chiropractor for early detection of spinal misalignment (vertebral subluxation).

If your child is younger than 2, please indicate which of the following milestones he/she has reached:

- Hold head up
- Sits up
- Crawls
- Stands alone
- Walks alone

According to National Safety Council, approximately 50% of children fall head first from a high place during the first year of life (ie: bed, changing table, down stairs, etc.) Was this the case with your child?

- Yes
- No
- If yes, please describe the circumstances_____

Has your child ever been involved in any high impact or contact type sports (ie. Soccer, football, hockey, gymnastics, baseball, martial arts, etc?)

- Yes
- No
- If yes, please list_____

Has your child ever been treated on an emergency basis?

- Yes
- No

If yes, please describe_____

Other injuries or falls not described above? Yes No

If yes, please list_____

Prior surgery? Yes No

If yes, please list_____

Onset of first menstrual period_____

Childhood Diseases

Has your child had any of the following illnesses? (Please indicate age if applicable)

- Measles (Rubeola) _____
- Mumps_____
- Rubella (Germal Measles)_____
- Pertussis (Whooping Cough)_____
- Chicken pox_____
- Other_____

Important Note:

Chiropractic has helped children with many health problems like asthma, allergies, bed-wetting (nocturnal enuresis), colic, ear infections (acute and chronic), headaches, scoliosis, etc. Chiropractic care has also been shown to help prevent these and other illnesses from occurring and ensure children have a healthier life. To optimally prevent these, a child should have a chiropractic spinal exam as soon as they are born. Therefore it is important to get your other children's spines checked if they have not been checked.

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In reviewing preventative strategies, have you ever been taught about:

Proper Posture and Movement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proper Nutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Positions and Posture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stretching	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sleeping Habits / Postures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relaxation Techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proper Breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stress Reduction	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family History

Please check all appropriate boxes

	Heart Disease	Arthritis-Location	Cancer-Type	Diabetes	Other (Explain)
Mother's side					
Father's side					
Brothers/Sisters					

How would you rate your overall health?

I've never felt worse 1 2 3 4 5 6 7 8 9 10 WOW! I feel great!

Why Chiropractic Care

People go to a Chiropractor for a variety of reasons. Some go for symptomatic relief of a condition (**Relief Care**), which corrects the most recent layers of spinal and neurological damage. 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 (**Wellness Care**). These are the three phases of care. Your chiropractor will weigh your needs and desires when recommending your schedule of care which best fits your health goals.

Please check the type of care desired so that we may be guided by your wishes whenever possible

Wellness Care Corrective Care Relief Care
 Check here if you want the doctor to select the type of care appropriate for your condition

The purpose of our chiropractic office is to serve the families of our community to improve their quality of life through chiropractic, focusing on optimum balance of their nervous system. We strive to educate you so that you may understand health and chiropractic and in turn educate and help others.

Please check this box if you are **not interested** in receiving newsletters (via e-mail) that will help you, and your loved ones, with your overall health and wellness.

Please Read Carefully:

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

- While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;
- There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke. Recent studies suggest that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- There are rare reported cases of disc injuries identified following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or other chiropractic treatment;
- There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this Consent. I consent to the chiropractic treatment recommended to me by my chiropractor including any recommended spinal adjustments. I intend this consent to apply to all my present and future chiropractic care.

Dated this _____ day of _____, 20_____.

Patient Signature (Legal Guardian)

Name: _____
(please print)

Witness of Signature

Name: _____
(please print)