PEDIATRIC PRE-EXAM INFORMATION

Name: _____ Date of Birth dd_____/mm_____/YY_____

Sex: M ☐ F ☐ Age _____

Address _____ Postal Code _____

Mother's Name _____ Occupation : _____

Home Phone: _____ Work Phone: _____

Father's name _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Siblings Names:_____ Age_____ Sex M ☐ F ☐

_____ Age_____ Sex M ☐ F ☐

_____ Age_____ Sex M ☐ F ☐

Family Physician _____ Pediatrician _____

Obstetrician _____ Midwife _____

Current Health Concerns _____

_____

_____

List other care undergone for this complaint (including medications)_____

_____

Other Health Concerns _____

_____

Were You referred to this office? Yes / No By Whom? _____

(i.e., by a friend, family member, doctor)

PREGNANCY Please check any areas that applied to the patient's mother during her pregnancy

- ☐ Medications
- ☐ Complications
- ☐ Smoking
- ☐ Alcohol
- ☐ Vitamins / Minerals
- ☐ Any diagnosed illnesses
- ☐ Hospitalization
- ☐ Bleeding
- ☐ Premature contractions
- ☐ Back pain
- ☐ Excessive weight loss or gain
- ☐ Allergic reactions
- ☐ Physical Injury
- ☐ Prenatal classes
- ☐ Chiropractic care
- ☐ Mental trauma

LABOUR AND DELIVERY

- ☐ Greater than 12 hours
- ☐ Fetal monitor used
- ☐ Forceps
- ☐ Hospital
- ☐ Breech
- ☐ Other
- ☐ Complications
- ☐ Medications
- ☐ Caesarian
- ☐ Home Birth
- ☐ Vacuum extraction

PRENATAL HISTORY

If known please indicate:

The duration of the pregnancy was _____weeks.

The APGAR score at birth _____and at five minutes _____.

The length at birth was _____.

The birth weight was _____.

Any problems at birth with: ☐ Jaundice (yellow) ☐ nursing ☐ sleeping

NUTRITION

Please check if the patient has received any of the following items.

- ☐ Breast milk
- ☐ Cow's milk
- ☐ Other milk
- ☐ Commercial formula
- ☐ Solid foods
- ☐ Juice: fruit
- ☐ Juice: vegetable
- ☐ Sweets
- ☐ Medications
- ☐ Vitamins
- ☐ Solid Foods
- ☐ Vitamins

IMMUNIZATION

Please list any immunizations the patient has received along with the date is was received and any reactions observed.

_____

_____

_____

_____

HEALTH HISTORY

Please check any of the following that apply to the child.

☐ Measles	☐ Diabetes	☐ Asthma
☐ Mumps	☐ Backaches	☐ Heart problems
☐ Chicken pox	☐ Headaches	☐ Scoliosis
☐ Colic	☐ Digestive problems	☐ Growing pains
☐ Ear infections	☐ Hyperactivity	☐ Allergies
☐ Bedwetting	☐ Walking difficulties	☐ Broken bones
☐ Constipation	☐ Poor appetite	☐ Anemia
☐ Diarrhea	☐ Dizziness	☐ Convulsions

☐ Other – Explain

_____

SURGERIES _____

ACCIDENTS _____

FAMILY MEDICAL HISTORY

Please check if any blood relatives to the patient has had any of the following illnesses by noting **M** (mother) **F** (Father) **S** (Siblings) **PGM** (paternal grandmother) **MGM** (maternal grandmother) **PGF** (paternal grandfather) **MGF** (maternal grandfather)

_____ Allergies	_____ Liver disease	_____ Asthma
_____ Mental Illness	_____ Cancer	_____ Scoliosis
_____ Diabetes	_____ Ulcer	_____ Heart trouble
_____ High blood pressure/stroke	_____ Kidney disease	

_____ Autoimmune disease (ie, Lupus, Rheumatoid Arthritis, Celiac disease, crohn's disease

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CONSENT TO CHIROPRACTIC TREATMENT

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 associates with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

- **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 quick. 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 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 aggravated the disc condition.

  The consequences of disc injury or aggravation 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 adding of disease, or as a result of injury. A blood clot may form in a damages artery. All of 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.
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- common activities of daily living involving ordinary neck movements have neen associated with stroke resulting from damage to an artery in the , 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.

Alternatives –

Alternatives to chiropractic treatment may include consulting other health professional. Your chiropractic may also prescribe rest without treatment, or exercise with or without treatment.

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 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

_____ _____20 _____
Signature of patient (or legal guardian) Date

_____ _____20 _____
Signature of Chiropractor Date