jassalchiropractic
204-950 West Broadway
Vancouver BC V5Z 1K7
T 604.731.3006
F 604.731.3050

Children's Health History

NAME ______________________________ BIRTHDATE (M/D/Y) __________ AGE ______

SEX M F PARENTS/GUARDIANS ______________________________

ADDRESS ____________________ CITY ______________ POSTAL CODE __________

HOME PHONE ______________ PARENT WORK PHONE ____________________

CELL PHONE ______________ CARE CARD # ____________________

OTHER CHILDREN: NAMES/ AGES ______________________________

WHO REFERRED YOU TO US? ______________________________

PAST CHIROPRACTIC CARE? YES/NO WHY?______________________________

WITH WHOM? ______________ WHEN?______________________________

CURRENT MEDICAL CARE? YES/NO WHY? ______________________________

CURRENT DRUGS/MEDICATION ______________________________

REASON FOR CONSULTING THIS OFFICE ______________________________

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PLEASE CHECK THE CHOICE THAT MOST CLOSELY DESCRIBES
YOUR CURRENT GOALS FOR HEALTH/WELLBEING

- ○ I am only concerned about relief of a particular symptom.
- ○ I am only concerned about relief of a particular symptom, and preventing its return.
- ○ I want optimum health and wellbeing on every level available to me

PERSONAL HEALTH

The human body is designed to express health and function normally. However, events may occur in life, which can interfere with this natural ability.

This interference is most commonly the result of vertebral subluxations.

Stress can be physical, chemical or emotional and may cause these subluxations.

The practice of Chiropractic is based on the location and reduction of nerve system interference caused by the vertebral subluxation.

(Please circle any that apply)
PLEASE TELL US ABOUT ANY STRESS AT YOUR BIRTH

During Pregnancy
1. Drugs/medicine
2. Tobacco/alcohol
3. Illness during

Explain:___________________________
____

During Labour & Delivery
1. Labour chemically induced?
2. Labour doctor assisted?
3. C-section delivery?
4. Forceps/vacuum extraction?
5. Doctor pull or twist baby?
6. Premature delivery?

Explain:___________________________
____

Since Birth
1. Nursed how long?____________
2. Baby jaundiced?
3. Feeding problems?
4. Sleeping problems?
5. Colic?
6. Vaccinations?

Explain:___________________________
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PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH CHILDHOOD:

1. Any falls or injuries?
2. Respiratory problems?
3. Ear infections?
4. Allergy/Asthma
5. Bedwetting?
6. Digestive problems?
7. Hyperactivity?
8. Other health problems?
9. Hospitalized?

Explain:___________________________
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ANYTHING ELSE? ____

Patient Consent

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including X-rays if necessary, on my child by the Doctor(s) of Chiropractic affiliated with me. I will have an opportunity to discuss with the doctor(s) of chiropractic, adjustments and other procedures. Although children get great benefit from chiropractic care, I understand that my child's results are not guaranteed. I further understand and am informed that as in all health care, with certain chiropractic techniques, there are some very slight risks to treatment, including, but not limited to, muscle strains, and sprains, disc injuries and strokes. I do not expect the doctor to be able to anticipate and explain all the risks and complications. I rely on the doctor's exercise of judgment which chiropractic procedure, based upon the facts known, is in my child's best interest. I have read this consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of current and future chiropractic care for which I seek treatment for my child.

I understand that I am responsible for payment of all services and that they are to be paid in full at time service is rendered, unless prior arrangements have been made.

I have the right to obtain copies of my child's file and/or x-rays upon submission of a release of Information Consent form. I understand that the original file and/or x-rays will always remain the property of this clinic.

Patient's Signature: ______________________________________ Date: _______________

Guardian's Signature: _____________________________________ Date: _______________