

Braddock Chiropractic Pediatric Consultation

Please complete all *Required fields

The majority of children have experienced hundreds of impacts that could cause vertebrae to become misaligned or subluxated. What we need to do now is discover several of the traumas your child has suffered.

1) Childs Name:

2) Childs Date of Birth:

3) Parents Name:

4) Phone Number:

5) Street Address:

6) City:

7) State:

8) ZIP:

9) What was your childs birth like?

- Easy
 - Stressful
 - Complicated
 - Surgical
-

10) How long was the entire labor?

11) How long did you actually push for?

12) Were you induced?

Yes

No

13) Nerve block?

Yes

No

14) C-Section?

Yes

No

15) Was there any pulling on the head?

Yes

No

16) Mid-wife OBGYN?

Yes

No

17) Forceps or vacuum extraction?

Yes

No

18) Has your child fallen in the past?

Yes

No

19) When was your child's most recent fall?

20) Was any care given?

Yes

No

21) Was he/she checked by a chiropractor for subluxation?

Yes

No

22) Had your child fallen prior to that fall?

Yes

No

23) Was any care given?

Yes

No

24) Was he/she checked by a chiropractor for subluxation?

Yes

No

25) What sports or recreational activities does your child do?

26) Has your child had a recent stress, strain or injury during recreational activities?

Yes

No

27) When did the recent stress, strain or injury occur?

28) Was any care given after the incident?

Yes

No

29) Was there a chiropractic adjustment after the incident?

Yes

No

30) Has your child ever been involved in a motor vehicle accident as a passenger?

Yes

No

31) Briefly describe the motor vehicle accident:

32) Please select all that applied to your child:

- Child was in a child seat
 - Child was wearing a seat belt
 - Child was in the front seat
 - Child was in a back seat
 - Care was given after the accident
 - Chiropractic Adjustment after the accident
-

33) Does your child have any health concerns?

- Yes
 - No
-

34) Please describe your child's health concerns:

35) How long have they been present for?

36) Please list any medications your child takes:

37) Has your child ever had antibiotics?

- Yes
 - No
-

38) Describe any other conditions your child is or was experiencing?

39) Depending on where and the degree of the subluxated vertebra, nerve pressure can be constant or occasional. How often does your child have this condition?

40) Does your child take multi-vitamins regularly?

Yes

No

41) What other supplements does your child take?

42) Is your child a picky eater?

Yes

No

43) Does your child eat lots of fruits and vegetables?

Yes

No

44) Does your child eat or drink a lot of dairy?

Yes

No

45) How often, and how much dairy does your child consume?

INFORMED CONSENT

I hereby authorize payment to be made directly to Braddock Chiropractic for all benefits which may be payable under a healthcare plan or from any other collateral sources. I authorize utilization of this application or copies thereof for the purpose of processing claims and effecting payments, and further acknowledge that this assignment of benefits does not in any way relieve me of payment liability and that I will remain financially responsible to Braddock Chiropractic for any and all services I receive at this office. The above information is true and accurate to the best of my knowledge.

REGARDING: Chiropractic Adjustments, Modalities, and Therapeutic Procedures: I have been advised that chiropractic care, like all forms of healthcare, hold certain risks. While the risks are often minimal, in rare cases, complications such as sprain/strain injuries, irritation of a disc condition,

46) I have read and agree to the Informed Consent:

Yes

47) Signature:
