Simply Chiropractic

Phone number : 613-520-0123

Fmily name :		Given name :
Date of birth :	Day / Month / Yeay	Sex : M / F
Address :		City :
Province :		Postal code :

Home phone number :
Cellular phone number :
Work phone number (mother) :
Work phone number (father) :

Name of the mother : Occupation :
Name of the father : Occupation :

Pediatric consultation

The vast majority of our patients have experienced at least dozens of impacts that have caused subluxated vertebra. What I want you to do now is discover several of yours.

What was your child's birth like? _____

How long was the duration of the entire labour? _____

How long did you actually pushed? _____

Were you induced? Yes ☐ No ☐

Did you received peridural? Yes ☐ No ☐

C-section? Yes ☐ No ☐

Was there any pulling on the head? Yes ☐ No ☐ Forceps: Yes ☐ No ☐ vacuum extraction used: Yes ☐ No ☐

47% of all children fall on their head before age 1 and they have at least 200 more major falls by the age of 5.

When was your son/daughter most recent fall? _____

Was any care given? Yes ☐ No ☐ Was he/she checked by a chiroprator? Yes ☐ No ☐

And the fall before that? Yes ☐ No ☐ Any care given? Yes ☐ No ☐

If so describe the care given? : _____

What sports or recreational activities does she/he do? _____

When was your son/daughter most recent stress, strain, or injury while doing these activities?

_____

Any treatment received? Yes ☐ No ☐ If so, which one : _____

Has son/daughter been involved in a motor vehicle accident as a passenger? Yes ☐ No ☐

If so, please describe briefly : _____

Past chiropratic cares? Yes ☐ No ☐ If yes, name of the chiropractor : _____

Pediatric consultation

Thank you for explaining your son/daughter history of accident and traumas. This will help the doctor to better understand the case. I want to ask you a few questions regarding your son/daughter current health concerns. Thank you ☺

Does he/she have any health concerns? Yes ☐ No ☐
If so, describe : _____
For how long? _____

Subluxation vertebra can cause irritation to different fibers within nerves that can affect any organ or tissue, causing conditions now or in the future.

Are there any other conditions that your son/daughter are experiencing? _____
If so, for how long? _____
How many times your son/dauther had these conditions? _____

Any medications? Yes ☐ No ☐
If so, describe? _____

* This questionnaire and examination will determine whether chiropratic treatment will help you. If chiropractic is not able to help you, we will refer you to the appropriate health services. The x-rays, the exams and chiropratic treatments must be paid at each visit. The x-rays will remain as the property of the clinic

_____ _____

Parent's Signature/ curator ***Date***

According to the Quebec Order of chiropractors; article. 3.07.01 of the code of ethics :
1. ***The original patient's file, including x-rays, are the chiroprator's property.***
2. ***The law requires the chiroprator to keep all the original files, including x-rays for a period of 5 years.***