

Funnell Chiropractic Baby (Birth - 5 Years) History Form

It is a pleasure to welcome you to our family of happy and healthy chiropractic patients. To help us serve you better, please complete the following information.



Patient name: _____ Today's date: _____

Date of birth: _____ Age: _____ Sex: Male / Female (Please circle)

Address: _____

Postal address if different: _____

Mobile: _____ Email address: _____

Home Ph: _____ Parent's Work: _____

Name of parents / Guardians: _____

Name of person who referred you (e.g. Midwife, friend...) _____

Reason for visit to us today: _____

Previous Chiropractor: _____ Date of last visit: _____

Childcare Nurse _____ Date of last visit: _____

Name of Medical Doctor _____ Date of last visit: _____

Check any of the following conditions your child has suffered from during the past six months:

- | | | | | |
|---|---|--------------------------------------|--|--|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Chronic Colds | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Asthma / Allergies | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> ADHD | <input type="checkbox"/> Constipation | |
| <input type="checkbox"/> Growing/Back Pains | <input type="checkbox"/> Colic | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Car Accident | <input type="checkbox"/> Temper Tantrums |

Other _____

Number of doses of antibiotics your child has taken: _____

Vaccination History: _____

Name of Midwife/Obstetrician: _____

Complications during pregnancy No Yes List: _____

Ultrasounds during pregnancy No Yes Number: _____

Medications during pregnancy / delivery? _____

Cigarette / Alcohol use during pregnancy? No Yes

Location of birth; Hospital Home Birthing Centre

Birth History: Forceps Vacuum extraction Normal Vaginal



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Breech

Caesarian section: Emergency / Planned

Complications during delivery? No Yes List? _____

Genetic disorders or disabilities? No Yes List? _____

Birth weight: _____ Birth Length: _____ APGAR Scores: _____

Breast fed: No Yes How Long? _____

Has your child fed well off one breast/side in preference to the other? _____

No of hours sleep per night: _____ Quality of sleep: Good Fair Poor

Are there any positions your baby does not lying in (e.g. Lying on back etc) _____

Has your child been diagnosed as having Congenital Hip Dislocation (*Clicky Hips*) No Yes

Informed Consent for Chiropractic Care

Changes to the law now require all practitioners who manipulate the spine to warn patients of material risks. In extremely rare circumstances, some treatments of the neck may damage arteries in the neck and give rise to stroke or stroke-like symptoms. These are very rare events (approx 1: 100,000 to 1: 400,000) but if they occur have been known to cause stroke sometimes with serious injury such as quadriplegia or death. The risk of these most catastrophic events is extremely rare.

Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000). [Dvorak study in Principles and Practice of Chiropractic, Haldeman.]

Chiropractic adjustments (manipulations) of the spine are internationally recognised as being far safer in dealing with neck and low back pain than medication and many other alternatives. (A Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993.)

The procedures to be used in your case will be described after which you will be asked if you have any questions. After speaking with the chiropractor we request that you sign below, as your consent to proceed is required.

Patient's signature: _____ Print name: _____

Date _____

Authorisation for care of minor

I hereby authorize this office and its Chiropractors to administer care to my Son/Daughter as they deem necessary. I clearly understand and agree that I am personally responsible for payment of all fees charged by this office.

Name of Parent / Guardian: _____

Signed: _____ Date: _____