

Today's Date: _____

Name:	Date of Birth: Sex: Male Female
Mailing Address:	Parent/Guardian Names & Phone Numbers:
E-Mail:	Family Medical Doctor:
Name and ages of other children:	Referred by: please list person's name <input type="radio"/> Friend/Family <input type="radio"/> M.D. / D.C. <input type="radio"/> Internet/Add
Chiropractic care before? If so, when and by whom?	
Insurance Carrier: ID Number: Group Number:	Primary Policy Holder Name: Policy Holder Date of Birth:

Healing Source Chiropractic focuses on your child's ability to be healthy. Our goals are to first address the issues that brought you and your child to our office and second, offer the opportunity to improve your child's health potential in the future. Life activities include events that cause damage and this damage builds layer upon layer even to levels at which you may not yet be aware.

Research is showing that many of the health challenges that occur later in life have their origins during the developing years, some starting at or before birth. We need to know what your child's layers of damage contain, so we ask you to carefully and completely fill out this important form.

Labor and Delivery

- Hospital with doctor Hospital with midwife Home with midwife
- Breach Caesarian Fetal monitor used
- Medications Forceps Length of delivery: _____

Describe any complications: _____

Name of midwife : _____

Prenatal & Infant History

Number of ultrasounds during pregnancy: _____ Duration of pregnancy in weeks: _____

APGAR score at birth: _____ Birth length: _____ Birth Weight: _____

Please check any problems your child had at birth

- Jaundice Cyanosis Choking Other: _____

Please check if any of the following applied to your child after birth up to today

- Medication Artificial feeding Vitamin K Surgery Erythromycin Circumcision

Other _____

Nutrition

- Solid food Breast milk Cow's milk Goat's milk Soy milk Rice milk
- Fruit juice Sweets Vitamins Medication Commercial formula
- Other: _____

Please list any medication taken – prescription and over the counter: _____

Developmental History

If younger than two, please indicate which of the following milestones your child has reached:

- Hold head up Sits up Crawls Stands unaided Walks unaided

According to the National Safety Council, approximately 50% of children fall head first from a high place during the first year of life (ie, bed, changing table, down the stairs) was this case with your child? Yes No

If yes, please describe the circumstances: _____

Has your child ever been involved in a high impact/contact type of sport? Yes No Please list: _____

Has your child ever been treated on an emergency basis? Yes No Please describe: _____

Describe other injuries or falls not listed above: _____

List any prior surgeries: _____

Is your child vaccinated? Yes No Describe any reactions: _____

Has your child had any of the following illnesses? Indicate age

- Measles (Rubeola) _____ Mumps _____ Rubella (German measles) _____ Chicken pox _____
- Pertussis (Whooping cough) _____ Other _____

Chiropractic has helped children with many health problems like asthma, allergies, bed-wetting, colic, ear infections (acute and chronic), headaches, scoliosis, etc. Chiropractic care has also been shown to help prevent these and other illnesses from occurring and ensure children have a healthier life. To optimally prevent these, a child should have a chiropractic spinal exam as soon as they are born.

What is your goal or expectation with chiropractic care? _____

I hereby authorize the doctor to examine and treat my child as deemed appropriate through the use of chiropractic care and I give authority for these procedures to be performed. I have been informed of the financial policy and agree that I am responsible for all expenses incurred at Healing Source Chiropractic. I have had an opportunity to review the privacy policy and agree to its terms.

Your child's name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Terms of Acceptance for Healing Source Chiropractic

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working toward the same objective. Chiropractic has only one goal. It is important that each patient understands both the objectives and the methods which will be used to attain this goal. This will prevent any confusion or disappointment.

Adjustment: An Adjustment is the specific application of forces to facilitate the body's correction of spinal nerve interference. Our chiropractic method of correction is by specific adjustments of the spine.

Health: Health is a state of optimal physical, mental and social well-being, not merely the absence of illness.

Vertebral Subluxation, also known as spinal nerve interference: A misalignment of one or more of the 24 vertebra in the spinal column which causes alterations of nerve functions and interferes with the transmission of mental impulses, thereby lessening of the body's innate ability to express its maximum health potential.

We do not diagnose nor treat any disease or condition other than vertebral subluxation. If, however, we encounter non-chiropractic or unusual findings during the course of your chiropractic spinal examination, we shall advise you. If you desire advice, diagnosis or treatment for those findings, we shall recommend that you seek the services of another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others.

Our only practice objective is to eliminate a major interference to expression of the body's innate wisdom. Our only methods are specific adjustments to correct vertebral subluxations.

All questions regarding the Doctor's objectives pertaining to my care in this Office have been answered to my complete satisfaction. Occasionally HSC will send you our email newsletter and/or office announcements. If you do not wish to receive these announcements, you may unsubscribe at any time.

I therefore accept chiropractic care and the HSC policies on this basis.

I (print name) _____, have read and fully understand the above statements.

Signature _____ Date _____

Consent to Evaluate and Adjust a Minor

I _____ being the parent or legal guardian of (print name) _____

I have read and fully understand the above terms of acceptance and hereby grant permission for my child/legal dependent to receive chiropractic care.

Signature of Parent/Guardian _____ Date _____

Financial Policy for Healing Source Chiropractic

Members without health insurance will be asked to pay for treatments in full at the time of service.

If you have health insurance, we shall attempt to verify your chiropractic benefits. If HSC is in network with your insurance company, we shall collect your co-payment and file with your company. Once the claim is processed, HSC will refund any credit to you or apply such credit towards future treatments. If there is a balance, you will be billed accordingly.

Any balance on your account over 60 days may be sent to a collection agency in addition to a \$25.00 collection fee.

There is a charge for any missed appointments without a 24 hour notice.

I have read the financial information and agree to abide by these terms and conditions.

Signature _____ Date _____

Notice of Informed Consent

Healing Source Chiropractic

Every type of health care is associated with some risk of a potential problem. This includes chiropractic care. We want you to be informed about chiropractic care and the potential problems associated with it before consenting to treatment.

Subluxation is a medical term that describes what occurs when one or more of the spinal (vertebral) joints have moved out of their normal alignment. This can occur through recent or remote trauma as well as unusual positions we may find ourselves in throughout the day or night. A subluxation has also been described as an incomplete dislocation of a joint, and, as such, is not treated with drugs or surgery. Chiropractors treat vertebral subluxation with spinal manipulations (adjustments performed by hand or with the use of a specific tool) in order to gently reposition the misaligned segments. Frequently, adjustments create a popping or a clicking sensation in the area being treated.

Stroke: Recent reports have shown an elevated incidence of stroke is seen equally in chiropractic and medical physician offices (Cassidy, 2008); supporting the theory that patients are presenting with a stroke, and not that chiropractors or medical physicians are causing a stroke.

Disc Herniation: Disc herniations that create pressure on the spinal nerves or the spinal cord in the neck or low back are treated successfully by chiropractors with adjustments and spinal decompression. Occasionally, these treatments can irritate this problem. Patients are thoroughly examined to determine the best course of treatment. Disc herniation complications occur so rarely there are no available statistics to quantify their probability.

Soft Tissue Injury: Soft tissue refers primarily to the muscles, tendons, and ligaments. Muscles move bones, and ligaments limit joint movement. Rarely, a chiropractic adjustment, traction, massage, and other treatments may strain some muscle or ligament fibers. These possible injuries also occur so rarely there are no available statistics to quantify their probability.

Rib Fractures: Your ribs are attached to the thoracic spine in the middle back. They extend from your back to the front of your chest. Rarely, a chiropractic adjustment may break a rib. This could possibly occur only to those patients with weakened bones. It is your responsibility as the patient to inform your doctor of any history of osteoporosis, prolonged steroid use, or other bone-weakening diseases. Rib fractures also occur so rarely there are no available statistics to quantify their probability.

Soreness: It is not uncommon for spinal adjustments, Active Release Therapy, exercise, and other therapies to result in a temporary increase in soreness to the area being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please inform the doctor if you experience soreness.

At Healing Source Chiropractic we employ highly-trained staff to assist the doctors with portions of your consultation, examination, exercise instruction, and other treatments. Occasionally, when your doctor is not available, another Healing Source doctor will be available to treat you.

Any questions on the above information should be directed to your doctor. When you have a full understanding of this material, please sign and date below.

Authorize to Treat: I, the undersigned, hereby authorize all Healing Source doctors and whomever they designate to administer chiropractic, physical therapy, and/or therapeutic treatment or medical procedures they consider necessary on the basis of findings during the set course of treatment.

Patient Name: _____

Date: _____

Patient Signature: _____

Witness: _____

Consent for Treatment of a Minor: I, the undersigned, hereby authorize all Healing Source doctors and whomever they designate to administer chiropractic, physical therapy, and/or therapeutic treatment or medical procedures they consider necessary on the basis of findings during the set course of treatment to:

Minor Child's Name: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Witness _____