

Bearor Family Chiropractic

Pediatric History Form

Today's Date: _____

Child's Name: _____ S S #: _____ DOB: _____

Male / Female (Circle one) Weight: _____ lbs. Height: _____ ft. _____ in.

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone #'s: Home _____ Cell _____ Referred by: _____

Insurance provider: _____ • Present insurance card at Front Desk for copying •

Purpose for contacting our office? _____

Other Doctors seen for this condition? Y / N Doctor's names and prior treatments: _____

List other health problems: _____

Family history: _____

Check any of the following conditions that currently apply:

- | | | | |
|-----------------------------------------|----------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Chronic Colds | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Recurring Fevers |
| <input type="checkbox"/> Colic | <input type="checkbox"/> Growing/ Back Pains | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Temper Tantrums |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Car Accident: when? _____ | |

Previous Chiropractic Care? Y / N Last Visit? _____

Name of Pediatrician: _____ Last Visit? _____

Are you satisfied with the care your child has received at the pediatrician? Y / N

of doses of antibiotics your child has taken: Past 6 months _____ Total lifetime _____

of doses of other prescription medications your child has taken:

Past 6 months _____ Total lifetime _____ List: _____

Vaccination History: _____

Prenatal History - (circle all that apply)

Name of Obstetrician/midwife: _____

Complications during pregnancy/delivery? Y / N Explain: _____

Ultrasounds during pregnancy? Y / N How many? _____

Medications taken during pregnancy/delivery? Y / N List: _____

Cigarette/Alcohol use during pregnancy? Y / N

Location of birth (circle one): Hospital Birthing Center Home

Birth Intervention (circle one): Forceps Vacuum Extraction Caesarian Section

If Caesarian Section, was it: Emergency or Planned (circle one)

Genetic disorders/disabilities? Y / N List: _____

Birth Weight: _____ Birth Length: _____ APGAR Scores: _____ - _____

Pediatric History Form Continued

Child's Name: _____ DOB: _____ Today's Date: _____

Feeding History

Breast Fed: Y / N How long? _____ Formula Fed: Y / N How long? _____ Type: _____

Introduced to: Solid foods @ _____ Months Cow's milk @ _____ Months

Food/ Juice allergies or intolerances: Y / N List: _____

Developmental History

Your child's spine is most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). At what age was your child able to:

Respond to stimuli _____ Cross crawl _____ Stand alone _____
Respond to visual stimuli _____ Hold head up _____ Walk alone _____
Sit up _____

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e. a bed, changing table, down stairs).

Did your child have a fall similar to what was described above? Y / N Explain: _____

Has your child been involved in any high impact or contact sports? Y / N List: _____

Has your child been seen by a physician on an emergency basis? Y / N Explain: _____

Other traumas not described above? _____

Lifestyle - please check what applies

Does your child: eat health food products (organic products, etc.) drink water
 take vitamins Type: _____ take probiotics

Exercise: none moderate daily heavy

Hobbies/Interests: _____

Notes: _____

Parent/guardian name (please print): _____

Parent/guardian signature: _____ Date: _____

BEAROR FAMILY CHIROPRACTIC
INFORMED CONSENT FOR
CHIROPRACTIC CARE

Chiropractic care, like all forms of health care, while offering considerable benefit, may also provide some level of risk. This level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care include sprain/strain injuries, irritation of a disc condition, and rarely, fractures. One of the rarest complications associated with chiropractic care, occurring at a rate between one instance per one million to one per two million cervical spine (neck) adjustments may be a vertebral artery injury that could lead to stroke.

Prior to receiving chiropractic care at Bearor Family Chiropractic, a health history and physical examination will be completed. These procedures are performed to assess your specific condition, your overall health and, in particular, your spine health. These procedures will assist us in determining if chiropractic care is needed, or if any further examinations or studies are needed. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you along with a care plan prior to beginning care.

I understand and accept that there are risks associated with chiropractic care and give my consent to the examinations that the doctor deems necessary, and to the chiropractic care including spinal adjustments, as reported following my assessment.

Patient Name (printed)

Relationship to Patient

BEAROR FAMILY CHIROPRACTIC

Terms of Acceptance

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method or correction is by specific adjustment of the spine.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any diseases or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will 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 the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

Pregnancy Release

This is to certify that to the best of my knowledge I am **not** pregnant and the above doctor and his associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

Date of last menstrual period _____.

Signature: _____ Date: _____

Consent to Care

I do hereby authorize Dr. Nathan Bearor to administer such care that is necessary for my particular case. This care may include consultation, examination, adjustments, or any other procedure which is advisable, and necessary for my health care.

I, _____, have read, understand, and hereby request chiropractic care based on the terms of acceptance and the consent to care.

Signature: _____ Date: _____

(signature of parent or guardian if minor)

HIPPA HAPPENINGS

BEAROR FAMILY CHIROPRACTIC

Patient Authorization regarding chiropractic care being provided in an “open adjusting” environment

It is the practice of this office to provide chiropractic care in an “open adjusting” environment. “Open adjusting” involves several patients being seen in the same adjusting room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is NOT the environment used for taking patients histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting. It is also the practice of this office to display, on a bulletin board, patients celebrating a birthday each month, as well as displaying each new patient and the person who referred them to our office.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosure” of health information. It is our view that the kinds of matters related in an “open adjusting” environment are incidental matters; in the event you or someone else would not agree with us we are providing this disclosure.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an “open adjusting” environment other arrangements will be made for you. Your decision will have no adverse effect on your care from Dr. Nate or on your relationship with our staff.

Your signature indicates your authorization of this activity.

X _____
Patient Signature Date

Printed Name

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.