

Pediatric Health Questionnaire

(Birth, up to 10 years old)

Name: _____ M ___ F ___ Date: _____

Date of Birth: _____ / _____ / _____
day month year

Address: _____

City: _____ Province: _____

Postal Code: _____ E-mail address: _____

Telephone: Home: _____ Cell: _____ Business: _____

Parent/Guardian Names: _____

Medical Doctor: _____

Has your child been to see another Chiropractor? Yes: _____ No: _____

If yes, what is the Doctor's name? _____ Date of the visit: _____

Who referred you to our office? _____

About Your Health

“The beauty about Chiropractic is the fact that it works with natural means. It puts nothing new into the body, nor does it take away any natural gland or organ. Chiropractic simply releases life forces within the body, sets free rivulets of energy over nerves, and lets nature do her work in a normal matter.” B.J. Palmer

A. Would this be a wellness check-up or is there a specific health concern your child is experiencing? Please describe:

B. How long has this persisted? Days: _____ Months: _____ Years: _____

C. Is the condition interfering with: Appetite: _____ Activities: _____

D. Have you consulted with any other health care professional regarding this condition?

E. What kind of treatments or therapies have you tried to get rid of this problem?

F. Indicate if any of the following has occurred from the age of 5 years to present:

- | | |
|-------------------------------|------------------------------|
| 1. Asthma | 10. Hospitalized |
| 2. Bed Wetting | 11. Any Surgery: _____ |
| 3. Allergies or Hay Fever | 12. “Growing Pains” |
| 4. Stomach Problems | 13. Neck Pain |
| 5. Hyperactivity | 14. Numbness or Tingling |
| 6. Dizziness | 15. Difficulty Sleeping |
| 7. Ringing in the Ears | 16. Fatigue/Lethargy |
| 8. Headaches | 17. Low Back Pain |
| 9. Involved in a Car Accident | 18. Sports Accidents/Traumas |

G. Which of the above problems are the worst? _____

H. List any medications that your child is currently taking:

I. Is there anything else that you feel we should be aware of?

Specific Health Concerns:

Teeth Problems - Briefly explain: _____

Eye problems - Briefly explain _____

Hearing problems – Briefly explain _____

Physical Activity: _____

Sleeping position: Side _____ Back _____ Stomach _____

History of Mother’s pregnancy and baby’s delivery:

A. Did you carry to full term?: _____

B. Describe any complications and when they occurred:

C. Additional information:

About Your Care

Chiropractic provides three types of care. The first is **Initial Intensive Care**, which corrects the most recent layer of Spinal and Neurological damage. This care usually reduces or eliminates the symptom, then begins **Corrective Care** which corrects the years of damage that may have occurred. Once the spine and your health are functioning at its optimum level we provide **Wellness Care**, which maintains and further enhances your health.



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***The purpose of our Chiropractic Office
Is to support and empower you
In achieving your optimum health***

Chiropractors locate, analyze and correct *subluxations* (spinal misalignments which cause nerve interference).

Chiropractic improves the nerve supply to your entire body and allows the *Innate Healing Power of your Body* to work at maximum efficiency to restore, maintain and promote health.

Chiropractic care is considered to be one of the *safest and most effective* forms of health care. As in all health care, however, there are some very slight and minimal risks to chiropractic care, including but not limited to, minor muscle strains and sprains, disc injuries and strokes. Tests will be performed on you to minimize this risk and the appropriate chiropractic adjusting techniques will be applied.

The doctors and/or staff will always be available to answer questions and discuss the nature and purpose of chiropractic procedures. Results cannot be guaranteed, as every person is unique.

Consent for Personal Information

I agree to Erin Mills Optimum Health collecting and using personal information about me as set out in their Privacy Policy which I have an opportunity to review at any time.

We will gladly assist you in understanding your insurance coverage, but you agree that you are responsible for your account.

Fees:

Initial Assessment:	\$90.00
Adjustment Fee:	\$40.00
Re-Assessment Fee:	\$65.00 (Resuming care after a year or more)
X-ray Fee (if necessary):	\$100.00
Surface EMG Fee (if necessary)	\$40.00

I have read the above and consent to care at the Erin Mills Optimum Health.

Date

Patient's Name

Parent/Guardian Signature