HLC Chiropractic New Patient Intake Form

Child's Name:_____Today's Date:_____

Nick Name:_____Parent Email Address:_____

Parent(s) Name(s):_____

Address: _____City/State/Zip_____

Home Phone:_____ Work :_____Cell:_____

How would you prefer to receive your appointment reminders ? ❑ Email ❑ Text ❑ Both

Gender: ❑ Male ❑ Female Date of Birth: _____

Other Children: Names and ages

_____

How did you hear about our office?

❑ Referral: Name of person that referred you: _____

❑ Website ❑ Google ❑ Facebook ❑ Instagram ❑ Yelp ❑ YouTube ❑ Home Show ❑ Health Fair

❑ Advertisement ❑ Other _____

Health Concerns and Symptoms for Child
Is the purpose of this appointment related to:

☐ Ear Infections ☐ Scoliosis ☐ Seizures ☐ Chronic Colds ☐ Headaches
☐ Asthma/Allergies ☐ Digestive Problems ☐ ADHD ☐ Recurring Fevers
☐ Growing/Back Pains ☐ Colic ☐ Bedwetting ☐ Car Accident ☐ Temper Tantrums
☐ Anxiety ☐ Other

When did the symptoms begin? _____

Has this condition
☐ Gotten worse ☐ Stayed Constant ☐ Comes and goes

Does this condition interfere with:

☐ School ☐ Family ☐ Sleep

Is this problem affecting any other area of your child's body? If yes, please explain:

_____

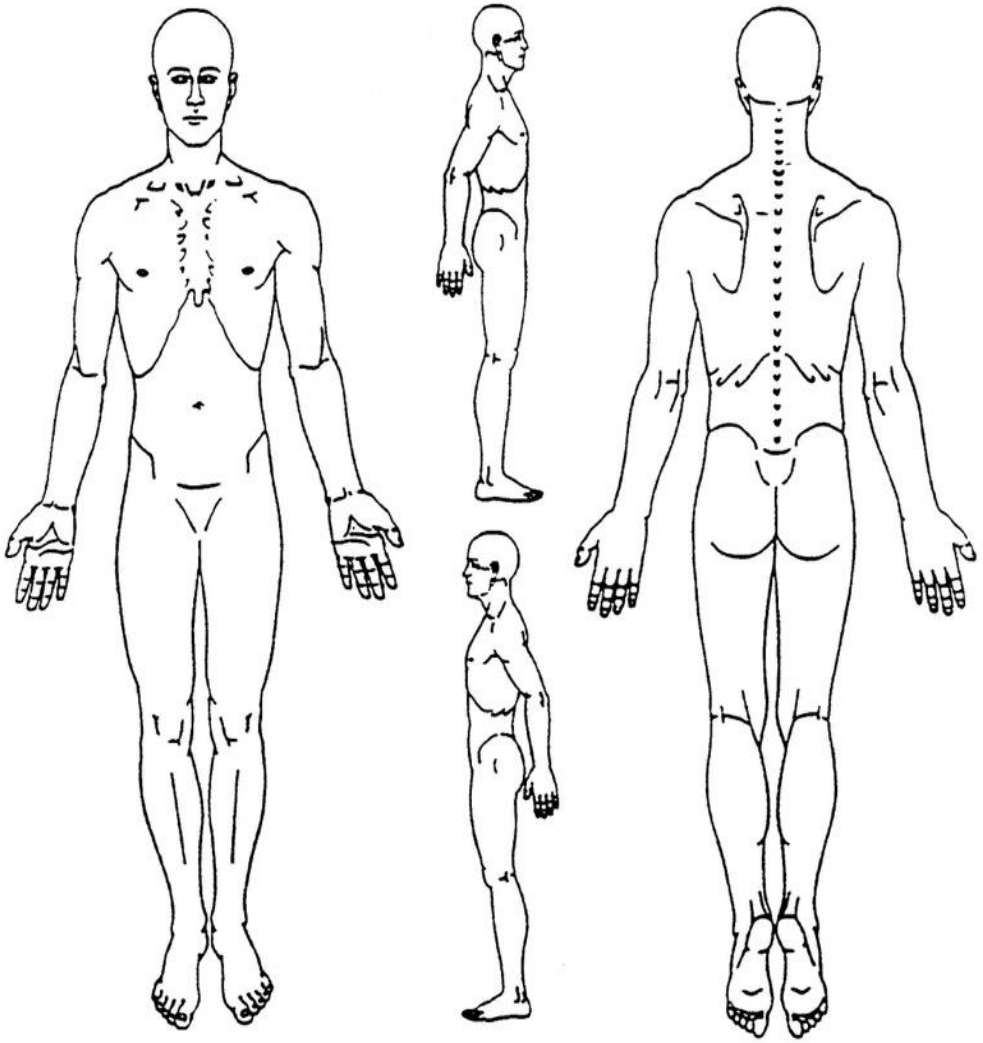
Have you received any advice or treatment for this health concern? ❑ Yes ❑ No

If yes, please describe: _____

_____

Please use the key below to show any symptoms that concern you on the symptom diagram.

Symptom	Symbol
Pain	PPP
Numbness	NNN
Tingling	TTT
Burning	BBB
Weakness	WWW
Cramping	CCC



Use the space below to provide any additional information:

TRAUMA, MEDICAL, CHIROPRACTIC, HEALTH AND HEALING HISTORY

Has your child ever injured ❑ Head ❑ Neck ❑ Upper Back ❑ Mid-Back ❑ Low Back ❑ Upper Limb ❑ Lower Limb?

Describe any injuries: _____

_____

_____

_____

Has your child had ❑ X-Rays ❑ CAT scans ❑ MRI of the spine, neck, or head?

Where and when were they taken? _____

Where there any significant results? _____

Has your child ever been ❑ Knocked Unconscious ❑ Broken a Bone ❑ Sprained a Joint ❑ Been in an Automobile Accident ❑ Had a Surgery ❑ Been Hospitalized

Please Explain _____

_____

List any medications (prescription and non-prescription) that your child takes currently or has taken in the past 60 days and the reason for taking them.

_____

_____

Have your child been treated by any other chiropractors? ❑ Yes ❑ No

If yes, by whom _____ When?_____

Why did you go? _____ For how long?_____

Where you pleased with the results?_____

Does your family receive chiropractic care?_____

Has your child ever used any of the following health modalities?

❑ Massage ❑ Yoga ❑ Meditation ❑ Breath Work ❑ Acupuncture ❑ Physical Therapy

❑ Counseling/Psychotherapy ❑ Other _____

LIFESTYLE AND STRESS SURVEY

Was there anything unusual or traumatic about your child's birth? ❑ Yes ❑ No
If yes, please explain. _____

_____

Was your child's delivery ❑ C-section ❑ drug-induced ❑ forceps/suction ❑ home birth?
Were you ❑ incubated or ❑ isolated after birth ❑ I don't know?

Did the child's mother ❑ smoke ❑ drink alcohol ❑ take medication ❑ prior to ❑ during her pregnancy ❑ I don't know?

Has your child ever played a sport? ❑ Yes ❑ No If yes, what sport?
_____

Do they have any injuries related to these activities? ❑ Yes ❑ No
If yes, please explain. _____

_____

Does your child have trouble getting to sleep? ❑ Yes ❑ No Staying asleep ❑ Yes ❑ No

FAMILY HISTORY (Check all that apply)

Arthritis:	❑ Parent	❑ Sibling	❑ Grandparent
Cancer:	❑ Parent	❑ Sibling	❑ Grandparent
Diabetes:	❑ Parent	❑ Sibling	❑ Grandparent
Heart Disease:	❑ Parent	❑ Sibling	❑ Grandparent
Hypertension:	❑ Parent	❑ Sibling	❑ Grandparent
Stroke:	❑ Parent	❑ Sibling	❑ Grandparent
Thyroid:	❑ Parent	❑ Sibling	❑ Grandparent

Other:_____

Parental Consent Form

I, _____, being the parent/legal guardian (circle one) of _____, do hereby grant permission for him/her to receive care from Dr. Todd Stein at the Healthy Life Center. This should include, when necessary, standard spinal analysis, appropriate assessment procedures and spinal adjustments.

_____

Parent or Legal Guardian Signature Date

_____

Witness Signature Date