

Dr. Kelly Medeiros

Chart#: _____

New Patient - Child Intake Form 0-11yrs old

Name: _____ Birth date: (M/D/Y) ___/___/_____

Parent/Guardian Name(S): _____

Address: _____ Age: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Preferred communication for appt. reminders (Please check one) Email _____ Phone: _____

Care Card # (MSP): _____ Sex: _____ Weight: _____ Height: _____

Who referred you to the office? _____

Purpose for contacting us: _____

Date Problem Began: _____

Others seen for this Problem: _____

Name of Pediatrician/GP: _____

Delivery History:

Location of Birth: Hospital Birthing Center Home

Birth Intervention: Forceps Vacuum Extraction Cesarean Section

Complications during delivery? YES NO List: _____

Genetic Disorders or disabilities? YES NO List: _____

Food allergies or Intolerances: YES NO List: _____

Check any of the following conditions your child has suffered from?

Ear Infection Scoliosis Seizure Chronic Colds Headaches

Asthma/Allergies Digestive Problems ADHD Growing/Back Pains

Colic Bed Wetting Temper Tantrums

Other _____

Vaccination History: _____

Sleep Pattern Normal: Y N Bowel Movements Normal: Y N

Is/Has your child had any major falls/injuries/accidents? YES NO Explain: _____

Has your child ever been involved in a car accident? YES NO List: _____

Turnover...

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

(11/08)

Informed Consent to Chiropractic Treatment FORM-L

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;
- b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- c) There are rare reported cases of disc injuries identified following cervical and lumbar spinal adjustment, although no scientific evidence has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment;
- d) There are infrequent reported cases of burns or skin irritation in association with the use of some types of electrical therapy offered by some doctors of chiropractic.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general, (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the chiropractic treatment recommended to me by my chiropractor including any recommended spinal adjustments.

I intend this consent to apply to all my present and future chiropractic care.

Dated this _____ day of _____, 20_____.

Patient Signature (Legal Guardian)

Witness Signature

Name: _____
(please print)

(please print)

OFFICE CANCELLATION POLICY:

Please notet there's a **full charge fee** for missed appointments or for those rescheduled/cancelled with less than 24 hours notice. Please remember, with less than 24 hours notice, it's difficult for others to come and fill your vacant appointment time.

X _____

Patient Signature acknowledging they have read and agreed to the above cancellation policy